

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000176094

**Entity Name:** CARLOS QUINTERO MD LLC

**Current Principal Place of Business:**

18714 NW 78TH AVE  
ALACHUA, FL 32615

**Current Mailing Address:**

18714 NW 78TH AVE  
ALACHUA, FL 32615 US

**FEI Number:** 82-2529974

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

QUINTERO, CARLOS SR  
18714 NW 78TH AVE  
ALACHUA, FL 32615 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name QUINTERO, CARLOS SR  
Address 18714 NW 78TH AVE  
City-State-Zip: ALACHUA FL 32615

Title MGR  
Name LUIS, QUINTERO  
Address 18714 NW 78TH AVE  
City-State-Zip: ALACHUA FL 32615

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLOS QUINTERO

**MANAGER**

**03/02/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date