

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000187694

Entity Name: NUESTRA FAMILIA MEDICAL CENTER LLC

Current Principal Place of Business:

235 W 49 ST
HIALEAH, FL 33012

Current Mailing Address:

16571 SW 49TH CT
MIRAMAR, FL 33027 US

FEI Number: 83-1599782

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FERNANDEZ, NOEL
16571 SW 49TH CT
MIRAMAR, FL 33027 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 MARTINEZ, IRIS
Address 16571 SW 49TH CT
City-State-Zip: MIRAMAR FL 33027

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: IRIS MARTINEZ

MANAGER

01/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date