

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000243845

Entity Name: CANO MEDICAL CENTER OF WEST FLORIDA, LLC

Current Principal Place of Business:

4160 N ARMENIA AVE
TAMPA, FL 33607

Current Mailing Address:

4160 N ARMENIA AVE., #A
TAMPA, FL 33607 US

FEI Number: 82-3547622

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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 MANAGER
Name CANO HEALTH, LLC
Address 680 N. UNIVERSITY DRIVE
City-State-Zip: PEMBROKE PINES FL 33024

Title CEO
Name HERNANDEZ, MARLOW
Address 4160 N. ARMENIA AVE
City-State-Zip: TAMPA FL 33607

Title SECRETARY
Name CORDERO, PEDRO
Address 4160 N ARMENIA AVE
City-State-Zip: TAMPA FL 33607

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: MARLOW HERNANDEZ

CEO

03/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date