

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000243845

Entity Name: CANO MEDICAL CENTER OF WEST FLORIDA, LLC

Current Principal Place of Business:

9725 NW 117TH AVE
SUITE 200
MIAMI, FL 33178

Current Mailing Address:

9725 NW 117TH AVE
SUITE 200
MIAMI, FL 33178 US

FEI Number: 82-3547622

Certificate of Status Desired: Yes

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 AMBR
Name CANO HEALTH, LLC
Address 9725 NW 117TH AVE
 SUITE 200
City-State-Zip: MIAMI FL 33178

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: VICTORIA ESIOLU

ASSOCIATE GENERAL
COUNSEL

01/18/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date