

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000014191

**Entity Name:** UNNO HEALTHCARE, LLC

**Current Principal Place of Business:**

2600 DOUGLAS RD., STE. 811  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2600 DOUGLAS RD., STE. 811  
CORAL GABLES, FL 33134 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LOPEZ, VALENTIN  
2600 DOUGLAS RD., STE. 811  
CORAL GABLES, FL 33134 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:** VALENTIN LOPEZ

04/10/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RAKUSA, FRANZ  
Address 1550 MADRUGA AVE  
SUITE 400  
City-State-Zip: CORAL GABLES FL 33146

Title MGRM  
Name PEREZ, GABRIEL  
Address 1550 MADRUGA AVE SUITE 400  
City-State-Zip: CORAL GABLES FL 33146

*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:** FRANZ RAKUSA

CFO

04/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date