

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000068763

**Entity Name:** FERNANDEZ/FERNANDEZ MD PLLC

**Current Principal Place of Business:**

8229 NW 44TH STREET  
DORAL, FL 33166

**Current Mailing Address:**

8229 NW 44TH STREET  
DORAL, FL 33166 US

**FEI Number: 82-4862273**

**Certificate of Status Desired: No**

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

FERNANDEZ, SANDER M.D.  
8229 NW 44TH STREET  
DORAL, FL 33166 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: SANDER FERNANDEZ**

**01/31/2022**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FERNANDEZ, MARYGOLD MD  
Address 8229 NW 44TH STREET  
City-State-Zip: DORAL FL 33166

Title MGR  
Name FERNANDEZ, SANDER MD  
Address 8229 NW 44TH STREET  
City-State-Zip: DORAL FL 33166

*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: SANDER FERNANDEZ**

**MANAGER**

**01/31/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date