

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000146086

Entity Name: CENTRO MEDICO DOCENTE LOS ALTOS MEDO, C.A. LLC

Current Principal Place of Business:

15051 ROYAL OAKS LANE
1801
NORTH MIAMI BEACH, FL 33181

Current Mailing Address:

15051 ROYAL OAKS LANE
1801
NORTH MIAMI BEACH, FL 33181

FEI Number: 83-0906857

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OTAYEK, MICHEL A
15051 ROYAL OAKS LANE
1801
NORTH MIAMI BEACH, FL 33181 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 OTAYEK, MICHEL A
Address 15051 ROYAL OAKS LANE
City-State-Zip: NORTH MIAMI BEACH FL 33181

Title MGR
Name OTAYEK, NAGIB A
Address 15051 ROYAL OAKS LANE APT 1801
City-State-Zip: NORTH MIAMI BEACH FL 33181

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: MICHEL A OTAYEK

MANAGER

04/23/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date