

**2023 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 OTAYEK

**MGR**

**04/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date