

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000209404

Entity Name: CONSALUD MEDICAL CENTER, LLC

Current Principal Place of Business:

4160 WEST 16TH AVE.
503
HIALEAH, FL 33012

Current Mailing Address:

4160 WEST 16TH AVE.
503
HIALEAH, FL 33012 UN

FEI Number: 83-1804447

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

IZQUIERDO AND LEON LAW, PLLC
13701 SW 88TH STREET
SUITE 303-C
MIAMI, FL 33186 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 HURTADO, CARLOS A
Address 4160 WEST 16 AVE SUITE 503
City-State-Zip: HIALEAH FL 33012

Title MGR
Name MARQUEZ, OTTO
Address 13801 SW 34TH STREET
City-State-Zip: MIAMI FL 33175

Title MGR
Name MENENDEZ, IBRAHIM
Address 9177 DICKENS AVE.
City-State-Zip: SURFSIDE FL 33154

Title MGR
Name NIKFARJAM, AKBAR
Address 10780 SW 26TH STREET
City-State-Zip: MIAMI FL 33165

Title MGR
Name MAURY, JOAQUIN
Address 5757 COLLINS AVE., APT. # 1503
City-State-Zip: MIAMI BEACH FL 33140

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: CARLOS HURTADO INFANTE

MGR

02/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date