

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000276351

**Entity Name:** NUESTRA FAMILIA MEDICAL CENTER 2, LLC

**Current Principal Place of Business:**

6738 W SUNRISE BLVD  
SUITE 102  
SUNRISE, FL 33313

**Current Mailing Address:**

1975 W 76TH ST  
HIALEAH, FL 33014 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MARTINEZ, IRIS  
1975 W 76TH ST  
HIALEAH, FL 33014 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:** IRIS MARTINEZ

03/03/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT, CEO	Title	AUTHORIZED MEMBER
Name	FERNANDEZ, NOEL DE JESUS	Name	MARTINEZ, IRIS
Address	1975 W 76TH ST	Address	6738 W SUNRISE BLVD SUITE 102
City-State-Zip:	HIALEAH FL 33014	City-State-Zip:	SUNRISE FL 33313

*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:** IRIS MARTINEZ

AMBR

03/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date