

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000278014

**Entity Name:** SERENITY ACCIDENT & INJURY CLINIC, LLC

**Current Principal Place of Business:**

1631 NORTH JOHN YOUNG PKWY  
KISSIMMEE, FL 34741

**Current Mailing Address:**

1631 NORTH JOHN YOUNG PKWY  
KISSIMMEE, FL 34741

**FEI Number:** 83-2743861

**Certificate of Status Desired:** Yes

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

TERAN, LIBIA M  
1631 NORTH JOHN YOUNG PKWY  
KISSIMMEE, FL 34741 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 TERAN, LIBIA MARGARITA  
Address 2865 WINDSOR HILL DR  
City-State-Zip: WINDERMERE FL 34786

Title AMBR  
Name CALCANO, BEATRIZ A  
Address 388 SEDGEWICK DRIVE  
City-State-Zip: DAVENPORT FL 33837

*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:** BEATRIZ CALCANO

AMBR

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date