

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000020523

Entity Name: ALEJANDRO ESPAILLAT, M.D. PLLC

Current Principal Place of Business:

SOUTH FLORIDA EYE INSTITUTE
6233 N UNIVERSITY DRIVE
TAMARAC, FL 33321

Current Mailing Address:

PO BOX 4482
FORT LAUDERDALE, FL 33338 US

FEI Number: 83-3314730

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ESPAILLAT, ALEJANDRO DR.
SOUTH FLORIDA EYE INSTITUTE
6233 N UNIVERSITY DRIVE
TAMARAC, FL 33321 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: ALEJANDRO ESPAILLAT

02/10/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name ESPAILLAT, ALEJANDRO DR.
Address PO BOX 4482
City-State-Zip: FORT LAUDERDALE FL 33338

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: ALEJANDRO ESPAILLAT

OFFICER

02/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date