

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000020523

**Entity Name:** ALEJANDRO ESPAILLAT, M.D. PLLC

**Current Principal Place of Business:**

1979 W. HILLSBORO BLVD  
SUITE 4  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

PO BOX 4995  
DEERFIELD BEACH, FL 33442-4995 US

**FEI Number:** 83-3314730

**Certificate of Status Desired:** No

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

ESPAILLAT, ALEJANDRO DR.  
1979 W. HILLSBORO BLVD  
SUITE 4  
DEERFIELD BEACH, FL 33442 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

01/03/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ESPAILLAT, ALEJANDRO DR.  
Address PO BOX 4995  
City-State-Zip: DEERFIELD BEACH FL 33442-4995

*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

PRESIDENT

01/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date