

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000056441

Entity Name: LUZ MEDICAL CENTER LLC

Current Principal Place of Business:

1821 SW 27TH AVE
MIAMI, FL 33145-2419

Current Mailing Address:

2710 W 60TH PL
APT 105
HIALEAH, FL 33016 US

FEI Number: 83-3904172

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEYVA LOPEZ, AIMEE
2710 W 60TH PL
APT 105
HIALEAH, FL 33016 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 APRN
Name AIMEE, LEYVA LOPEZ
Address 2710 W 60TH PL APT 105
City-State-Zip: HIALEAH FL 33016

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: AIMEE, LEYVA LOPEZ

APRN, FNP

02/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date