

**2023 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:** LEYVA LOPEZ AIMEE

APRN

03/10/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date