

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000085002

Entity Name: MIAMI HEALTH CLINIC LLC

Current Principal Place of Business:

13607 SW 117 LANE
MIAMI, FL 33186

Current Mailing Address:

13607 SW 117 LANE
MIAMI, FL 33186 US

FEI Number: 84-4406168

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VALLETTI, GASTON H
13607 SW 117 LANE
MIAMI, FL 33186 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 MGRM
Name VALLETTI, GASTON H
Address 13607 SW 117 LANE
City-State-Zip: MIAMI FL 33186

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: GASTON H VALLETTI

MGRM

01/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date