

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000190323

Entity Name: H2 HOSPITAL ASSOCIATES LLC

Current Principal Place of Business:

7205 CORPORATE CENTER DR
SUITE 404
MIAMI, FL 33126

Current Mailing Address:

7205 CORPORATE CENTER DR
SUITE 404
MIAMI, FL 33126 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARMAS, J. ALFREDO
4960 SW 72ND AVENUE
SUITE 206
MIAMI, FL 33155 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 MANAGER
Name CASTRO, FRANK
Address 7205 CORPORATE CENTER DR
 SUITE 404
City-State-Zip: MIAMI FL 33126

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: FRANK CASTRO

MANAGER

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date