

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000244767

**Entity Name:** CLINICA ASOCIACION CUBANA, LLC

**Current Principal Place of Business:**

8302 NW 103 ST.  
SUITE 201  
HIALEAH GARDENS, FL 33016

**Current Mailing Address:**

2901 SW 122ND AVE.  
MIAMI, FL 33175

**FEI Number:** 84-3511233

**Certificate of Status Desired:** No

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

REGISTERED CORPORATE SERVICES LLC  
201 ALHAMBRA CIRCLE  
SUITE 1205  
CORAL GABLES, FL 33134 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 MGR  
Name RONES, SURISADAY  
Address 8302 NW 103 ST., SUITE 201  
City-State-Zip: HIALEAH FL 33016

Title MGR  
Name PEREZ HORTA, GILBERTO  
Address 8302 NW 103 ST., SUITE 201  
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:** SURISADAY RONES

**MANAGER**

**01/16/2020**

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

\_\_\_\_\_  
Date