

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000019087

Entity Name: FIT 4 LIFE MEDICAL CENTERS II, LLC

Current Principal Place of Business:

8669 NW 36TH ST
MIAMI, FL 33166

Current Mailing Address:

8669 NW 36TH ST
MIAMI, FL 33166

FEI Number: 84-4254330

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOODY ACCOUNTING SERVICES, INC
140 S UNIVERSITY DR
SUITE B
PLANTATION, FL 33324 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 TAMAYO, EDMUNDO R
Address 9037 BISCAYNE BLVD
City-State-Zip: MIAMI FL 33138

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: EDMUNDO TAMAYO

MGR

04/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date