

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000089955

**Entity Name:** RHM DIAGNOSTICS LLC

**Current Principal Place of Business:**

1504 WHITEHALL DR.  
301  
DAVIE, FL 33324

**FILED**  
**Feb 22, 2021**  
**Secretary of State**  
**6268253063CC**

**Current Mailing Address:**

1504 WHITEHALL DR.  
301  
DAVIE, FL 33324

**FEI Number:** 85-0582122

**Certificate of Status Desired:** Yes

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

SALIBA, PIERRE  
1755 NW 124TH WAY  
PEMBROKE PINES, FL 33328 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 ALVAREZ, HAZEL  
Address 3921 CHARLES AVE  
City-State-Zip: ALEXANDRIA VA 22305

Title MGR  
Name GERMAIN, MARC  
Address 9623 FOREST RIDGE CIRCLE  
City-State-Zip: DAVIE FL 33328

Title MGR  
Name GISMONDI, RAFFAELE  
Address 1504 WHITEHALL DR.  
City-State-Zip: DAVIE FL 33324

*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:** RAFFAELE GISMONDI

**MGR**

**02/22/2021**

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

\_\_\_\_\_  
Date