

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L20000098879

**Entity Name:** JM HOSPITAL IT SOLUTIONS LLC

**Current Principal Place of Business:**

13015 PLANTATION PARK CIR  
APT 1023  
ORLANDO, FL 32821

**Current Mailing Address:**

13015 PLANTATION PARK CIR  
APT 1023  
ORLANDO, FL 32821 US

**FEI Number:** 30-1235592

**Certificate of Status Desired:** No

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

NOGUEIRA MORTON P.L.  
1395 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131 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 MACENA DOS SANTOS, JOAO  
Address 13015 PLANTATION PARK CIR  
APT 1023  
City-State-Zip: ORLANDO FL 32821

Title MGR  
Name DE SOUZA MACENA DOS SANTOS,  
RUTH  
Address 13015 PLANTATION PARK CIR  
APT 1023  
City-State-Zip: ORLANDO FL 32821

*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:** MACENA DOS SANTOS , JOAO

**MGR**

**04/19/2023**

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

\_\_\_\_\_  
Date