

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000115612

**Entity Name:** BE MED GROUP LLC

**Current Principal Place of Business:**

5900 NW 99TH AVENUE  
STE 7  
DORAL, FL 33178

**Current Mailing Address:**

PO BOX 226653  
MIAMI, FL 33222 US

**FEI Number:** 85-0869575

**Certificate of Status Desired:** No

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

GARAY, SUSANA  
5900 NW 99TH AVENUE  
STE 7  
DORAL, FL 33178 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	Title	MGR
Name	GARAY, DAVID A	Name	TERAN, ERNESTO F
Address	PO BOX 226653	Address	PO BOX 226653
City-State-Zip:	MIAMI FL 33222	City-State-Zip:	MIAMI FL 33222

*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:** DAVID A GARAY

**MANAGING MEMBER**

**04/07/2021**

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

\_\_\_\_\_  
Date