

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000220076

**Entity Name:** FARAHCOR MEDICAL SERVICES LLC

**Current Principal Place of Business:**

9215 W SUNRISE BLVD  
PLANTATION, FL 33322

**Current Mailing Address:**

9215 W SUNRISE BLVD  
PLANTATION, FL 33322 US

**FEI Number:** 85-2337289

**Certificate of Status Desired:** No

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

STEIGER, GERTRUDE  
12380 NW 27TH CT  
PLANTATION, FL 33323 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	STEIGER, COURTNEY	Name	FARAH, YUSEF
Address	9215 W SUNRISE BLVD	Address	9215 W SUNRISE BLVD
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322

*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:** COURTNEY STEIGER

MGR

04/22/2021

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

\_\_\_\_\_  
Date