

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000277949

**Entity Name:** NOVUS MEDICAL CENTER, LLC

**Current Principal Place of Business:**

10712 SW 167TH ST  
MIAMI, FL 33157

**Current Mailing Address:**

10712 SW 167TH ST  
MIAMI, FL 33157

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

GONZALEZ DE LA ROSA, ROGELIO  
10712 SW 167TH ST  
MIAMI, FL 33157 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	GONZALEZ DE LA ROSA, ROGELIO	Name	TORRES ABREU, MARELYS
Address	10712 SW 167TH ST	Address	10712 SW 167TH ST
City-State-Zip:	MIAMI FL 33157	City-State-Zip:	MIAMI FL 33157

*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: ROGELIO GONZALEZ DE LA ROSA**

**PRESIDENT**

**01/28/2021**

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

\_\_\_\_\_  
Date