

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000337971

Entity Name: A+ MEDICAL CENTER LIMITED LIABILITY COMPANY

Current Principal Place of Business:

2331 NORTH STATE ROAD 7
SUITE-219
LAUDERHILL, FL 33313

Current Mailing Address:

4945 SW 66TH TER
SUITE-219
DAVIE, FL 33314 UN

FEI Number: 85-3341455

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SAINVIL, FRANTZ
4945 SW 66TH TER
DAVIE, FL 33314 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	SAINVIL, FRANTZ	Name	PRYCE, CLARE
Address	4945 SW 66TH TER	Address	2331 NORTH STATE ROAD 7 SUITE-219
City-State-Zip:	DAVIE FL 33314	City-State-Zip:	LAUDERHILL FL 33313

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: DR. FRANTZ SAINVIL

PRESIDENT AND CO-OWNER

03/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date