

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000348807

Entity Name: FAMILY MEDICAL CLINIC NM LLC

Current Principal Place of Business:

11077 BISCAYNE BLVD.
STE. 303
MIAMI, FL 33161

Current Mailing Address:

11077 BISCAYNE BLVD.
STE. 303
MIAMI, FL 33161 US

FEI Number: 85-3809301

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, LIZSANDRA
9000 SW 137TH AVE
SUITE 208
MIAMI, FL 33186 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 MBR
Name RODRIGUEZ, LIZSANDRA
Address 9000 SW 137 AVE, SUITE 208
City-State-Zip: MIAMI FL 33186

Title MBR
Name JORGE, CARLOS
Address 11077 BISCAYNE BLVD.
 STE. 303
City-State-Zip: MIAMI FL 33161

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: LIZSANDRA RODRIGUEZ

AUTHORIZED MEMBER

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date