

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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

*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

**PRESIDENT**

**05/26/2021**

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

\_\_\_\_\_  
Date