

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000021927

**Entity Name:** AURORA WOMEN'S HEALTH & PRIMARY CARE, LLC**Current Principal Place of Business:**700 N HIATUS RD  
SUITE 213  
PEMBROKE PINES, FL 33026**Current Mailing Address:**5851 SW 163RD AVENUE  
SOUTHWEST RANCHES, FL 33331 US**FEI Number:** 86-2669992**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GORDON-WHYTE, GIAN  
1 AEROPOST WAY  
KIN 20835  
MIAMI, FL 33206 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:** GIAN GORDON-WHYTE

02/18/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	ALI, SADIA
Address	5851 SW 163RD AVENUE
City-State-Zip:	SOUTHWEST RANCHES FL 33331

Title	CEO
Name	ALI, ZAFIROOL
Address	5851 SW 163RD AVENUE
City-State-Zip:	SOUTHWEST RANCHES FL 33331

Title	CFO
Name	CAWLEY, BJORN
Address	5851 SW 163RD AVENUE
City-State-Zip:	SOUTHWEST RANCHES FL 33331

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:** SADIA ALI**PRESIDENT**

02/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date