

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000048291

**Entity Name:** HG DOCTORS, LLC

**Current Principal Place of Business:**

4765 W ATLANTIC AVE  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

4765 W ATLANTIC AVE  
DELRAY BEACH, FL 33445

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HERNANDO GIRALDO MD, INC.  
200 E HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009 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  
Name            SAMUELSON, VICTORIA  
Address        4765 W ATLANTIC AVE  
City-State-Zip: DELRAY BEACH FL 33445

Title            MGR  
Name            KIRSHBAUM, RANDY  
Address        4765 W ATLANTIC AVE  
City-State-Zip: DELRAY BEACH FL 33445

Title            MGR  
Name            FUNES, CATHERINE  
Address        4765 W ATLANTIC AVE  
City-State-Zip: DELRAY BEACH FL 33445

*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:** VICTORIA SAMUELSON

MGRM

03/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date