

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000071017

**Entity Name:** JOSE ORCASITA-NG, LLC

**Current Principal Place of Business:**

7000 W 12TH AVE, UNIT 21-22  
HIALEAH, FL 33014

**Current Mailing Address:**

1000 NW 57 CT.  
SUITE 400  
MIAMI, FL 33126 US

**FEI Number:** 87-2656747

**Certificate of Status Desired:** No

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

DE VERA, JOSEPH NICHOLAS ESQ.  
1000 NW 57 CT.  
SUITE 400  
MIAMI, FL 33126 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:** JOSEPH DE VERA

01/13/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name INTERAMERICAN MEDICAL CENTER  
GROUP, LLC  
Address 1000 NW 57 CT.  
SUITE 400  
City-State-Zip: MIAMI FL 33126

*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:** KEVIN WIRGES

CFO

01/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date