## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000103919

Entity Name: FAMILY MEDICAL GROUP DORAL LLC

## **Current Principal Place of Business:**

9000 SW 137 AVENUE SUITE 107 MIAMI, FL 33186

# **Current Mailing Address:**

9000 SW 137 AVENUE SUITE 107 MIAMI, FL 33186 US

FEI Number: 86-2629649 Certificate of Status Desired: No

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

RODRIGUEZ, LIZSANDRA 9000 SW 137 AVENUE SUITE 107 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

**FILED** Jan 23, 2023

**Secretary of State** 

6100781519CC

## Authorized Person(s) Detail:

Title **AMBR** 

RODRIGUEZ, LIZSANDRA Name

9000 SW 137 AVENUE Address

SUITE 107

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: LIZSANDRA RODRIGUEZ

**AMBR** 

01/23/2023

Date