

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000155670

**Entity Name:** EL-SHADDAI ELOHIM MEDICAL CENTER LLC

**Current Principal Place of Business:**

10000 STIRLING RD  
12  
COOPER CITY, FL 33024

**Current Mailing Address:**

15635 SW 52ND CT  
MIRAMAR, FL 33027 US

**FEI Number:** 85-2091469

**Certificate of Status Desired:** No

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

BOULAY, SHERLY DR  
15635 SW 52ND CT  
MIRAMAR, FL 33027 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	Title	MGR
Name	BOULAY, SHERLY	Name	BOULAY, JEAN M.
Address	15635 SW 52ND CT	Address	15635 SW 52ND CT
City-State-Zip:	MIRAMAR FL 33027	City-State-Zip:	HOLLYWOOD FL 33027

*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:** SHERLY M BOULAY

MGR

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date