### 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. 03/10/2022

SIGNATURE: MAYBE PRADOS

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: CORDOBA HEALTH CLINICS, LLC **Current Principal Place of Business:** 

8412 CANE BAY COURT LAKEWOOD RANCH. FL 34202

DOCUMENT# L21000180710

## **Current Mailing Address:**

8412 CANE BAY COURT LAKEWOOD RANCH. FL 34202 US

## FEI Number: 86-3528266

# Name and Address of Current Registered Agent:

SULLIVAN, ANDREW T 8412 CANE BAY COURT LAKEWOOD RANCH, FL 34202 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

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SULLIVAN, ANDREW T	Name	PRADOS, MAYBE
Address	17919 POLO TRL	Address	8412 CANE BAY COURT
City-State-Zip:	BRADENTON FL 34211	City-State-Zip:	LAKEWOOD RANCH FL 34202

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

MEMBER MANAGER

Date

## FILED Mar 10, 2022 Secretary of State 4931892922CC

Date