

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000266798

**Entity Name:** LAS MADRINAS' MEDICAL CENTERS, LLC

**Current Principal Place of Business:**

9250 NW 36 STREET  
STE 420  
MIAMI, FL 33178

**Current Mailing Address:**

9250 NW 36 STREET  
STE 420  
MIAMI, FL 33178 UN

**FEI Number:** 87-1278339

**Certificate of Status Desired:** No

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

VICTORERO, STEPHANIE  
9250 NW 36 STREET  
STE 420  
MIAMI, FL 33178 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            AMBR  
Name            AGREDA, ALEXIS  
Address        9250 NW 36 STREET, STE 420  
City-State-Zip: MIAMI FL 33178

*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:** ALEXIS AGREDA

AMBR

05/02/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date