

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000407100

Entity Name: PRO MED CARE GROUP LLC

Current Principal Place of Business:

3600 S STATE ROAD 7
SUITE 336
MIRAMAR, FL 33023

Current Mailing Address:

3600 S STATE ROAD 7
SUITE 336
MIRAMAR, FL 33023 US

FEI Number: 87-2668567

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURILLO, YVONNE
2751 S OCEAN DR APT 908S
HOLLYWOOD, FL 33019 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 MURILLO, YVONNE
Address 2751 S OCEAN DR APT 908S
City-State-Zip: HOLLYWOOD FL 33019

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: YVONNE MURILLO

OWNER

04/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date