

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000485985

Entity Name: ANGELS CLINICAL CENTER LLC

Current Principal Place of Business:

11410 SW 88 STE 307
MIAMI, FL 33176

Current Mailing Address:

11410 SW 88 STE 307
MIAMI, FL 33176

FEI Number: 87-3602447

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUENO, YOANDY CABRERA
11410 SW 88 STE 307
MIAMI, FL 33176 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 CABRERA BUENO, YOANDY
Address 11410 SW 88 S UITE 307
City-State-Zip: MIAMI FL 33176

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: YOANDY CABRERA BUENO

AMBR

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date