2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2024
Secretary of State
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Entity Name: ANGELS CLINICAL CENTER LLC

Current Principal Place of Business:

10305 NW 41 ST
STE 227
DORAL , FL 33178

Current Mailing Address:

10305 NW 41 ST
STE 227
DORAL , FL 33178 US

FEI Number: 87-3602447

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUENO, YOANDY CABRERA
10305 NW 41 ST
STE 227
DORAL , 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	CABRERA BUENO, YOANDY
Address	10305 NW 41 ST STE 227
City-State-Zip:	DORAL 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: YOANDY CABRERA BUENO P 03/08/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date