

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000533975

**Entity Name:** KB I MEDICAL, LLC.

**Current Principal Place of Business:**

2400 SW 69 AVENUE  
MIAMI, FL 33155

**Current Mailing Address:**

2400 SW 69 AVENUE  
MIAMI, FL 33155 US

**FEI Number:** 87-4257369

**Certificate of Status Desired:** No

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

ROCKCHAR MANAGEMENT SERVICES LLC  
999 PONCE DE LEON BLVD., STE. 650  
CORAL GABLES, FL 33134 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	MGR	Title	MGR
Name	HOOVER, KEILA	Name	RIELO, BEATRIZ
Address	2400 SW 69 AVENUE	Address	2400 SW 69 AVENUE
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

*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:** KEILA HOOVER

**MANAGER**

**01/31/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date