

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000090694

**Entity Name:** MORENO MEDICAL CENTER LLC

**Current Principal Place of Business:**

85 GRAND CANAL DR.  
SUITE 400  
MIAMI, FL 33144

**Current Mailing Address:**

P.O. BOX 228404  
MIAMI, FL 33222 US

**FEI Number:** 88-0952701

**Certificate of Status Desired:** No

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

ROJAS, KAREN I  
85 GRAND CANAL DR.  
SUITE 400  
MIAMI, FL 33144 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  
Name ROJAS, KAREN I  
Address 8343 LAKE DRIVE APT 501  
City-State-Zip: DORAL FL 33166

*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:** KAREN ROJAS

**MGR**

**04/07/2023**

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

\_\_\_\_\_  
Date