

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000094794

**Entity Name:** EMERALD MEDICAL CENTER & SPA, LLC

**Current Principal Place of Business:**

1298 MINNESOTA AVE  
SUITE H  
WINTER PARK, FL 32789

**Current Mailing Address:**

1298 MINNESOTA AVE  
SUITE H  
WINTER PARK, FL 32789 US

**FEI Number:** 88-1415093

**Certificate of Status Desired:** Yes

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

ZARABANDA, ANGELA K  
1298 MINNESOTA AVE  
SUITE H  
WINTER PARK, FL 32789 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           MANAGER  
Name           ZARABANDA, ANGELA KATHERYNE  
Address        1298 MINNESOTA AVE  
                  SUITE H  
City-State-Zip: WINTER PARK FL 32789

*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:** ANGELA ZARABANDA

01/07/2025

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

\_\_\_\_\_  
Date