2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2025
Secretary of State
7451685676CC

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Entity Name: PROFESSIONAL CARE CENTER LLC

Current Principal Place of Business:

9300 NW 25 ST SUITE 210
MIAMI, FL 33172

Current Mailing Address:

9300 NW 25 ST SUITE 210
MIAMI, FL 33172 US

FEI Number: 88-1245899

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNANDEZ ACOSTA, MAYKEL
9300 NW 25 ST SUITE 210
MIAMI, FL 33172 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	CEO	Title	MGR
Name	HERNANDEZ ACOSTA, MAYKEL	Name	HERNANDEZ ACOSTA, MAYKEL
Address	9300 NW 25 ST SUITE 210	Address	9300 NW 25 ST SUITE 210
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33172

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: MAYKEL HERNANDEZ ACOSTA PRESIDENT 02/07/2025

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