

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000203902

**Entity Name:** ANGELICA MEDICAL SERVICES LLC

**Current Principal Place of Business:**

12513 NW 7TH LANE  
MIAMI, FL 33182

**Current Mailing Address:**

12513 NW 7TH LANE  
MIAMI, FL 33182 US

**FEI Number:** 88-2555084

**Certificate of Status Desired:** No

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

ALONSO, TAMARA  
12513 NW 7TH LANE  
MIAMI, FL 33182 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            ALONSO, TAMARA  
Address        12513 NW 7TH LANE  
City-State-Zip: MIAMI FL 33182

*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:** TAMARA ALONSO

AMBR

03/19/2026

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

\_\_\_\_\_ Date