

2025 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

04/09/2025

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date