

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L22000293357

**Entity Name:** A&B CLINIC MEDICAL CENTER,LLC

**Current Principal Place of Business:**

10651 N KENDAL DR  
STE 217  
MIAMI, FL 33176

**Current Mailing Address:**

10651 N KENDAL DR  
STE 217  
MIAMI, FL 33176 US

**FEI Number:** 88-3060697

**Certificate of Status Desired:** No

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

PENA BELLO , EDUARDO  
10651 N KENDAL DR  
STE 217  
MIAMI, FL 33176 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:** EDUARDO PENABELLO

07/15/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name PENABELLO, EDUARDO  
Address 10651 N KENDAL DR  
STE 217  
City-State-Zip: MIAMI FL 33176

*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:** EDUARDO PENABELLO

MGR

07/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date