

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000360823

**Entity Name:** BARBARA FERNANDEZ MEDICAL SERVICES LLC

**Current Principal Place of Business:**

8427 SW 137 AVE  
APT. #8427  
MIAMI, FL 33183

**Current Mailing Address:**

8427 SW 137 AVE  
APT. #8427  
MIAMI, FL 33183 US

**FEI Number:** 88-3782631

**Certificate of Status Desired:** No

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

FERNANDEZ JIMENEZ, BARBARA E  
8427 SW 137 AVE  
APT. # 8427  
MIAMI, FL 33183 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 MGR  
Name FERNANDEZ JIMENEZ, BARBARA E  
Address 8427 SW 137 AVE, APT. #8427  
City-State-Zip: MIAMI FL 33183

*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:** BARBARA FERNANDEZ JIMENEZ

BARBARA FERNANDEZ  
JIMENEZ

02/19/2023

\_\_\_\_\_

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_

Date