

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000376927

**Entity Name:** HEALTH BY DEL VALLE SERRANO, M.D., LLC

**Current Principal Place of Business:**

4040 W NEWBERRY ROAD SUITE 925  
GAINESVILLE, FL 32607

**Current Mailing Address:**

4040 NEWBERRY ROAD  
SUITE 925  
NEWBERRY, FL 32607 US

**FEI Number:** 88-3909059

**Certificate of Status Desired:** Yes

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

DEL VALLE SERRANO, KARYMAR M.D.  
4040 W NEWBERRY ROAD SUITE 925  
GAINESVILLE, FL 32607 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 MGRM  
Name DEL VALLE SERRANO, KARYMAR  
M.D.  
Address 14192 NW 30TH AVE.  
City-State-Zip: GAINESVILLE FL 32606

*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:** KARYMAR DEL VALLE SERRANO

MD

01/16/2024

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

\_\_\_\_\_  
Date