

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000431933

**Entity Name:** 121 MEDICAL CENTER LLC

**Current Principal Place of Business:**

3333 W COMMERCIAL BLVD.  
STE 110  
OAKLAND PARK, FL 33309

**Current Mailing Address:**

14240 JOCKEY CIR S  
DAVIE, FL 33330 UN

**FEI Number:** 92-0625972

**Certificate of Status Desired:** No

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

LABORDE, FREDERICK N  
14240 JOCKEY CIR S  
DAVIE, FL 33330 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	Title	MGR
Name	LABORDE, FREDERICK N	Name	CADET-LABORDE, FABIENNE T
Address	14240 JOCKEY CIR S	Address	14240 JOCKEY CIR S
City-State-Zip:	DAVIE FL 33330	City-State-Zip:	DAVIE FL 33330

*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:** FABIENNE CADET-LABORDE

MGR

03/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date