

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000504453

Entity Name: YOU HEALTH MEDICAL CENTER L.L.C.

Current Principal Place of Business:

1190 NW 95 ST SUITE 307
MIAMI, FL 33147

Current Mailing Address:

1190 NW 95 ST SUITE 307
MIAMI, FL 33147 US

FEI Number: 88-4355925

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABDEL F. MURILLO ELIAS
1190 NW 95 ST SUITE 307
MIAMI, FL 33147 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 MURILLO ELIAS, ABDEL F
Address 1190 NW 95 ST SUITE 307
City-State-Zip: MIAMI FL 33147

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: ABDEL F MURILLO ELIAS

AMBR

04/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date