

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000025576

**Entity Name:** NATY PEREZ HEALTH GROUP LLC

**Current Principal Place of Business:**

9475 NW 52ND PLACE  
SUNRISE, FL 33351

**Current Mailing Address:**

9475 NW 52ND PLACE  
SUNRISE, FL 33351 UN

**FEI Number:** 92-1758032

**Certificate of Status Desired:** No

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

PEREZ, NATHALIA  
9475 NW 52ND PLACE  
SUNRISE, FL 33351 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 PEREZ, NATHALIA  
Address 9475 NW 52ND PLACE  
City-State-Zip: SUNRISE FL 33351

*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:** NATHALIA PEREZ

**PRESIDENT**

**03/26/2024**

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

\_\_\_\_\_  
Date