

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000064765

**Entity Name:** DORAL HEALTHCARE SOLUTIONS LLC

**Current Principal Place of Business:**

7791 NW 46TH ST  
UNIT 123  
DORAL, FL 33166

**Current Mailing Address:**

6412 MW 105TH PL  
DORAL, FL 33178

**FEI Number:** 92-2296518

**Certificate of Status Desired:** No

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

FERNANDEZ, ROBERTO  
6412 NW 105TH PL  
DORAL, FL 33178 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, ROBERTO  
Address 6412 NW 105TH PL  
City-State-Zip: DORAL FL 33178

*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:** ROBERTO FERNANDEZ

**MANAGER**

**02/08/2025**

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

\_\_\_\_\_  
Date