

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000237524

**Entity Name:** MOUNT DORA MEDICAL INSTITUTE, LLC

**Current Principal Place of Business:**

1898 N. DONNELLY ST.  
MT DORA, FL 32757

**Current Mailing Address:**

1898 N. DONNELLY ST.  
MT DORA, FL 32757

**FEI Number:** 93-1597542

**Certificate of Status Desired:** No

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

FARINAS, ALFREDO  
1755 LAKE TERRACE DR  
EUSTIS, FL 32726 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	P	Title	VP
Name	FARINAS, ALFREDO	Name	FARINAS, FLOR
Address	1755 LAKE TERRACE DR	Address	1755 LAKE TERRACE DR
City-State-Zip:	EUSTIS FL 32726	City-State-Zip:	EUSTIS FL 32726

*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:** ALFREDO FARINAS

**OWNER**

**02/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date