2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2024
Secretary of State
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Entity Name: BLUE CLINICAL CENTER, LLC.

Current Principal Place of Business:

8370 WEST FLAGLER STREET #232
MIAMI, FL 33144

Current Mailing Address:

8370 WEST FLAGLER STREET #232
MIAMI, FL 33144 US

FEI Number: 93-2426990

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CODECIDO, ALEXANDRA
8370 WEST FLAGLER STREET #232
MIAMI, FL 33144 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	Title	AMBR
Name	CODECIDO, ALEXANDRA	Name	CODECIDO, MIGUEL ANGEL
Address	8370 WEST FLAGLER STREET #232	Address	8370 WEST FLAGLER STREET #232
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33144

Title	AMBR
Name	VELAZCO, ERNESTO
Address	8370 WEST FLAGLER STREET #232
City-State-Zip:	MIAMI FL 33144

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: ERNESTO VELAZCO AMBR 04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date