

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000001455

**Entity Name:** LEON HEALTH SYSTEMS, LLC

**Current Principal Place of Business:**

8600 NW 41ST STREET  
DORAL, FL 33166

**Current Mailing Address:**

8600 NW 41ST STREET  
DORAL, FL 33166 US

**FEI Number: 82-4435344**

**Certificate of Status Desired: No**

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

JUNCO, CARLOS F  
8600 NW 41ST STREET  
DORAL, FL 33166 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           MANAGER  
Name           LEON, BENJAMIN JR.  
Address        8600 NW 41ST STREET  
City-State-Zip: DORAL FL 33166

Title           MANAGER  
Name           LEON, BENJAMIN III  
Address        8600 NW 41ST STREET  
City-State-Zip: DORAL FL 33166

Title           MANAGER  
Name           MAURY, ALBERT R  
Address        8600 NW 41ST STREET  
City-State-Zip: DORAL FL 33166

*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: BENJAMIN LEON JR**

**MANAGER**

**03/29/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date