

2022 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 MGR
Name LEON, BENJAMIN III
Address 8600 NW 41ST STREET
City-State-Zip: DORAL FL 33166

Title MGR
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

03/17/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date