

**2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL
REPORT**

DOCUMENT# M20000008136

Entity Name: ICH MEDICAL CENTER - PEMBROKE PINES, LLC

Current Principal Place of Business:

C/O MMM AT 5775 BLUE LAGOON DR. STE 450
MIAMI , FL 33126

Current Mailing Address:

C/O MMM AT 5775 BLUE LAGOON DR. STE 450
MIAMI , FL 33126 US

FEI Number: 85-1208055

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 MEMBER
Name ICH DELIVERY NETWORK, LLC
Address C/O MMM AT 5775 BLUE LAGOON DR.
STE 450
City-State-Zip: MIAMI FL 33126

Title SECRETARY
Name KLAUSNER, PAUL J.
Address C/O MMM AT 5775 BLUE LAGOON DR.
STE 450
City-State-Zip: MIAMI FL 33126

Title CEO, AUTHORIZED SIGNOR
Name SCHUTZEN, RON
Address C/O MMM AT 5775 BLUE LAGOON DR.
STE 450
City-State-Zip: MIAMI FL 33126

Title CFO
Name CHEVANCE, CLAUDE
Address C/O MMM AT 5775 BLUE LAGOON DR.
STE 450
City-State-Zip: MIAMI FL 33126

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: RON SCHUTZEN

**CEO, AUTHORIZED
SIGNOR**

05/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date