

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000014365

**Entity Name:** SANCHEZ MEDICAL, LLC

**Current Principal Place of Business:**

9725 S DIXIE HWY  
PINECREST, FL 33156

**Current Mailing Address:**

9725 S DIXIE HWY  
PINECREST, FL 33156 US

**FEI Number: 86-1579648**

**Certificate of Status Desired: No**

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

SANCHEZ, GABRIEL  
9725 S DIXIE HWY  
PINECREST, FL 33156 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  
Name            SANCHEZ, GABRIEL  
Address        9725 S DIXIE HWY  
City-State-Zip: PINECREST FL 33156

*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: GABRIEL SANCHEZ**

**MEMBER**

**01/17/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date