

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000012664

**Entity Name:** CENTRUM MEDICAL HOLDINGS, LLC

**Current Principal Place of Business:**

9250 NW 36 STREET, SUITE 420  
DORAL, FL 33178

**Current Mailing Address:**

9250 NW 36 STREET, SUITE 420  
DORAL, FL 33178 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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           MANAGER  
Name           SRIVASTAVA , SAM  
Address        9250 NW 36 STREET, SUITE 420  
City-State-Zip: DORAL FL 33178

Title           MANAGER  
Name           SMITH, CATHY R  
Address        9250 NW 36 STREET, SUITE 420  
City-State-Zip: DORAL FL 33178

Title           MANAGER  
Name           RODRIGUEZ-DURET , RUDY  
Address        9250 NW 36 STREET, SUITE 420  
City-State-Zip: DORAL FL 33178

*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:** CATHY R SMITH

MANAGER

04/29/2022

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

\_\_\_\_\_ Date