

2023 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: SAM SRIVASTAVA

MANAGER

02/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date