

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000312290

**Entity Name:** MANELY SPA MEDICAL CENTER LLC

**Current Principal Place of Business:**

5235 SW 99TH CT  
MIAMI, FL 33165

**Current Mailing Address:**

5235 SW 99TH CT  
MIAMI, FL 33165

**FEI Number:** 87-1584983

**Certificate of Status Desired:** No

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

DOMINGUEZ, ANA M  
5235 SW 99TH CT  
MIAMI, FL 33165 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	VP	Title	PRESIDENT
Name	DOMINGUEZ, ANA M	Name	BAEZ BLANCO, DENIS
Address	5235 SW 99TH CT	Address	5235 SW 99TH CT
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

*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:** DENIS BAEZ BLANCO

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03/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date