

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000072434

**Entity Name:** MQM MEDICAL SERVICES LLC

**Current Principal Place of Business:**

115 SE 4TH STREET  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

115 SE 4TH STREET  
BOYNTON BEACH, FL 33435

**FEI Number:** 80-0618539

**Certificate of Status Desired:** No

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

ROSA M. MARIN, P.A.  
115 SE 4TH STREET  
BOYNTON BEACH, FL 33435 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 MGRM  
Name MACIA, JORGE LMD  
Address 115 SE 4TH STREET  
City-State-Zip: BOYNTON BEACH FL 33435

Title MGRM  
Name QUINONEZ, GERARDO  
Address 8190 JOG RD, SUITE 100  
City-State-Zip: BOYNTON BEACH FL 33472

Title MGRM  
Name MARIN, ROSA MMD  
Address 115 SE 4TH STREET  
City-State-Zip: BOYNTON BEACH FL 33435

*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:** JORGE L MACIA

**MEDICAL DIRECTOR**

**01/19/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date