

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000047504

**Entity Name:** DR. MOGHADDAM, LLC

**Current Principal Place of Business:**

527 NE 124 TH ST  
NORTH NIANI, FL 33161

**Current Mailing Address:**

527 NE 124 TH ST  
NORTH NIANI, FL 33161 US

**FEI Number:** 53-6021475

**Certificate of Status Desired:** No

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

GOLDEN, RICHARD AESQ  
1175 NE 125TH STREET  
SUITE 512  
NORTH MIAMI, FL 33161 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 MOGHADDAM, HAMIDREZA M.D.  
Address 527 NE 124 ST  
City-State-Zip: NORTH MIAMI FL 33161

*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:** HAMIDREZA MOGHADDAM

CEO

04/25/2023

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

\_\_\_\_\_  
Date