

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000101882

**Entity Name:** NOSTRUM MEDICAL GROUP MSO, LLC

**Current Principal Place of Business:**

7480 SW 40TH STREET  
SUITE 820  
MIAMI, FL 33155

**Current Mailing Address:**

7480 SW 40TH STREET  
SUITE 820  
MIAMI, FL 33155

**FEI Number:** 45-3551099

**Certificate of Status Desired:** No

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

MOREIRA, LAZARO  
7480 SW 40TH STREET  
SUITE 820  
MIAMI, FL 33155 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 MOREIRA, LAZARO  
Address 1235 N. KROME AVE, STE R  
City-State-Zip: HOMESTEAD FL 33030

*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:** LAZARO MOREIRA

MGRM

03/09/2015

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

\_\_\_\_\_  
Date