

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000134394

Entity Name: JORGE L. MARCOS, M.D., LLC**Current Principal Place of Business:**835 S.W. 37TH AVE. SUITE 101
CORAL GABLES, FL 33016**Current Mailing Address:**9960 NW 116 WAY
STE 7
MEDLEY, FL 33178 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PERFORMANCE MEDICAL MANAGEMENT, LLC
9960 NW 116 WAY
STE 7
MEDLEY, FL 33178 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:** LANNY PAULEY

06/10/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	NEUROSCIENCE CONSULTANTS, LLP
Address	9960 NW 116 WAY STE 7
City-State-Zip:	MEDLEY FL 33178

Title	MGR
Name	PAULEY, LANNY
Address	9960 NW 116 WAY STE 7
City-State-Zip:	MEDLEY FL 33178

Title	MGR
Name	GRAN, BERNARD
Address	9960 NW 116 WAY STE 7
City-State-Zip:	MEDLEY FL 33178

Title	MGR
Name	KOHRMAN, BRUCE
Address	9960 NW 116 WAY STE 7
City-State-Zip:	MEDLEY FL 33178

Title	MGR
Name	FARADJI, VICTOR
Address	9960 NW 116 WAY STE 7
City-State-Zip:	MEDLEY FL 33178

Title	MGR
Name	MARCOS, JORGE
Address	9960 NW 116 WAY STE 7
City-State-Zip:	MEDLEY 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: LANNY PAULEY

COO

06/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date