

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000134973

Entity Name: BERTHA C. FONSECA, M.D., LLC

Current Principal Place of Business:

747 PONCE DE LEON BLVD.
SUITE 411
CORAL GABLES, FL 33134

FILED
Apr 27, 2019
Secretary of State
7690303583CC

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

04/27/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGR
Name	NEUROSCIENCE CONSULTANTS, LLP	Name	PAULEY, LANNY
Address	9960 NW 116 WAY STE 7	Address	9960 NW 116 WAY STE 7
City-State-Zip:	MEDLEY FL 33178	City-State-Zip:	MEDLEY FL 33178
Title	MGR	Title	MGR
Name	GRAN, BERNARD	Name	KOHRMAN, BRUCE
Address	9960 NW 116 WAY STE 7	Address	9960 NW 116 WAY STE 7
City-State-Zip:	MEDLEY FL 33178	City-State-Zip:	MEDLEY FL 33178
Title	MGR	Title	MGR
Name	FARADJI, VICTOR	Name	MARCOS, JORGE
Address	9960 NW 116 WAY STE 7	Address	9960 NW 116 WAY STE 7
City-State-Zip:	MEDLEY FL 33178	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

MGR

04/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date