

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000085767

**Entity Name:** MD PROFESSIONAL SOLUTIONS, LLC**Current Principal Place of Business:**18550 U.S. HIGHWAY 441  
SUITE A  
MOUNT DORA, FL 32757**Current Mailing Address:**18550 U.S. HIGHWAY 441  
SUITE A  
MOUNT DORA, FL 32757 US**FEI Number:** 45-5605685**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALKER, GARY  
202 S. ROME AVENUE  
SUITE 100  
TAMPA, FL 33606 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	CHANG, KHAI M.D.
Address	18550 U.S. HIGHWAY 441, SUITE A
City-State-Zip:	MOUNT DORA FL 32757

Title	PARTNER
Name	CHEEMA, SHAHBAZ
Address	192 PATRICE HOPE ST
City-State-Zip:	LEESBURG FL 34748

Title	PARTNER
Name	AUNG, MA THUZAR
Address	2207 AITKIN LOOP
City-State-Zip:	LEESBURG FL 34748

Title	PARTNER
Name	BHATTARAI, BIRENDRA
Address	31845 SUNPARK CIRCLE
City-State-Zip:	LEESBURG FL 34748

Title	PARTNER
Name	BISHT, AJAY
Address	638 LARGOVISTA DR
City-State-Zip:	OAKLAND FL 34787

Title	PARTNER
Name	ZAMAN, WAHEEDUZ
Address	2202 OLD TAVARES RD
City-State-Zip:	LEESBURG FL 34748

*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:** AJAY BISHT**PARTNER****02/17/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date