### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000129916

**Entity Name: MEDICAL PRACTICE SERVICES LLC** 

FILED
Jun 29, 2020
Secretary of State
7311619256CC

### **Current Principal Place of Business:**

2333 PONCE DE LEON BOULEVARD SUITE 302 CORAL GABLES, FL 33134

# **Current Mailing Address:**

2333 PONCE DE LEON BOULEVARD SUITE 302 CORAL GABLES, FL 33134 US

FEI Number: 47-1000541 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

VERDEZOTO, GENNY 2333 PONCE DE LEON BOULEVARD SUITE 302 CORAL GABLES, FL 33134 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: GENNY VERDEZOTO 06/29/2020

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGRM

Name VERDEZOTO, GENNY

Address 2333 PONCE DE LEON BOULEVARD

SUITE 302

City-State-Zip: CORAL GABLES FL 33134

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: GENNY VERDEZOTO MGRM

Electronic Signature of Signing Authorized Person(s) Detail

Date

06/29/2020