

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000129916

Entity Name: MEDICAL PRACTICE SERVICES LLC

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:

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

04/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date