## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000129916

**Entity Name: MEDICAL PRACTICE SERVICES LLC** 

**Current Principal Place of Business:** 

2601 SW 37TH AVE SUITE 503

CORAL GABLES, FL 33133

## **Current Mailing Address:**

2601 SW 37TH AVE SUITE 503 CORAL GABLES, FL 33133 US

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

## Name and Address of Current Registered Agent:

VERDEZOTO, GENNY 2601 SW 37TH AVE SUITE 503 CORAL GABLES, FL 33133 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 04/27/2023

> Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGRM

VERDEZOTO, GENNY Name 2601 SW 37TH AVE Address

SUITE 503

City-State-Zip: CORAL GABLES FL 33133

SIGNATURE: GENNY VERDEZOTO

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.

**OWNER** 

Electronic Signature of Signing Authorized Person(s) Detail

**FILED** Apr 27, 2023

**Secretary of State** 

2192688750CC

04/27/2023 Date