

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000144953

Entity Name: MP HEALTHCARE CONSULTING LLC

Current Principal Place of Business:

19140 NW 23RD PLACE
PEMBROKE PINES, FL 33029

Current Mailing Address:

19140 NW 23RD PLACE
PEMBROKE PINES, FL 33029

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAFAEL E. SOSA, P.A.
3971 SW 8TH STREET
305
MIAMI, 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 PSD
Name PONS, MARIA A
Address 19140 NW 23RD PLACE
City-State-Zip: PEMBROKE PINES FL 33029

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: MARIA A PONS

PSD

04/30/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date