

**2016 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

04/30/2016

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date