## 2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000182744

**Entity Name: MEDCONSULTANTS GROUP LLC** 

**Current Principal Place of Business:** 

ty Name: MEDCONSOLTANTS GROUP L

16400 COLLINS AVE

2041

SUNNY ISLES, FL 33160

**Current Mailing Address:** 

16400 COLLINS AVE

2041

SUNNY ISLES, FL 33160 UN

FEI Number: 47-5455172 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOIKOVA, ANASTASIYA 16400 COLLINS AVE 2041 SUNNY ISLES, FL 33160 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: ANASTASIYA BOIKOVA 10/18/2016

Electronic Signature of Registered Agent

Date

FILED Oct 18, 2016

**Secretary of State** 

CR8159963301

Authorized Person(s) Detail:

Title MGR

Name BOIKOVA, ANASTASIYA
Address 16400 COLLINS AVE 2041
City-State-Zip: SUNNY ISLES FL 33160

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.