

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000148345

**Entity Name:** PHOENIX GREY MEDICAL CONSULTING, LLC

**Current Principal Place of Business:**

4021 WARWICK HILLS DR.  
WESLEY CHAPEL, FL 33543

**Current Mailing Address:**

4021 WARWICK HILLS DR.  
WESLEY CHAPEL, FL 33543 US

**FEI Number: 81-3490183**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ESPINOSA, JAMIE  
4021 WARWICK HILLS DRIVE  
WESLEY CHAPEL, FL 33543 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	MGR	Title	MGR
Name	ESPINOSA, JAMIE	Name	ESPINOSA, MICHAEL
Address	4021 WARWICK HILLS DRIVE	Address	4021 WARWICK HILLS DRIVE
City-State-Zip:	WESLEY CHAPEL FL 33543	City-State-Zip:	WESLEY CHAPEL FL 33543

*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: JAMIE ESPINOSA**

**MGR**

**04/13/2018**

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

\_\_\_\_\_  
Date