

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000276368

**Entity Name:** MAS HOSPITALIST SERVICES, LLC.

**Current Principal Place of Business:**

3181 CORAL WAY  
5TH FLOOR  
MIAMI, FL 33145

**Current Mailing Address:**

3181 CORAL WAY  
5TH FLOOR  
MIAMI, FL 33145

**FEI Number:** 83-3687731

**Certificate of Status Desired:** No

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

DIAZ, ROLANDO A  
9155 SOUTH DADELAND BLVD.  
SUITE 1218  
MIAMI, FL 33156 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  
Name            MAS, RAFAEL J MD  
Address        3181 CORAL WAY  
City-State-Zip: MIAMI FL 33145

Title            MGR  
Name            MAS, ILDEFONSO J MD  
Address        3181 CORAL WAY  
City-State-Zip: MIAMI FL 33145

*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:** RAFAEL J MAS MD

**MGR**

**02/05/2024**

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

\_\_\_\_\_  
Date