

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000079928

**Entity Name:** MODI MEDICAL PLLC

**Current Principal Place of Business:**

8980 W FLAGLER ST  
# 214  
MIAMI, FL 33174

**Current Mailing Address:**

8980 W FLAGLER ST  
# 214  
MIAMI, FL 33174 US

**FEI Number:** 88-1002335

**Certificate of Status Desired:** No

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

MODI, AADIL  
8980 W FLAGLER ST  
# 214  
MIAMI, FL 33174 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:** AADIL MODI

04/25/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MODI, AADIL  
Address 8980 W FLAGLER ST #214  
City-State-Zip: MIAMI FL 33147

*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:** AADIL MODI

MANAGER

04/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date