

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000471175

**Entity Name:** MEDICAL RD MKT LLC

**Current Principal Place of Business:**

20803 BISCAYNE BLVD., SUITE 405  
AVENTURA, FL 33180

**Current Mailing Address:**

20803 BISCAYNE BLVD., SUITE 405  
AVENTURA, FL 33180 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SALFORD CORPORATE SERVICES INC.  
20803 BISCAYNE BLVD., SUITE 405  
AVENTURA, FL 33180 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 SALFORD CORPORATE SERVICES  
INC.  
Address 20803 BISCAYNE BLVD., SUITE 405  
City-State-Zip: AVENTURA FL 33180

Title P  
Name DIANA BELANGER ALBARRAN  
Address 20803 BISCAYNE BLVD., SUITE 405  
City-State-Zip: AVENTURA FL 33180

Title S  
Name LAURA ALBARRAN FAVELA  
Address 20803 BISCAYNE BLVD., SUITE 405  
City-State-Zip: AVENTURA FL 33180

*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:** DIANA BELANGER ALBARRAN

P

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date