

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000009558

**Entity Name:** MB MEDICAL OPERATIONS, LLC

**Current Principal Place of Business:**

1400 NW 107TH AVE  
SUITE 500  
MIAMI, FL 33172

**Current Mailing Address:**

1400 NW 107TH AVE  
SUITE 500  
MIAMI, FL 33172 US

**FEI Number:** 81-4488450

**Certificate of Status Desired:** No

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

RODOLFO DUMENIGO, MD., P.A.  
1400 NW 107TH AVE  
SUITE 500  
MIAMI, FL 33172 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 RODOLFO DUMENIGO, MD  
Address 1400 NW 107TH AVE  
SUITE 500  
City-State-Zip: MIAMI FL 33172

Title MGR  
Name GEDNEY, DANIEL  
Address 1256 MAIN ST, STE 256  
City-State-Zip: SOUTHLAKE TX 76092

Title MGR  
Name BOWMAN, WHITNEY  
Address 1256 MAIN ST, STE 256  
City-State-Zip: SOUTHLAKE TX 76092

Title MGR  
Name JOHNSON, DREW  
Address 1256 MAIN ST, STE 256  
City-State-Zip: SOUTHLAKE TX 76092

*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:** RODOLFO DUMENIGO

**MGR**

**03/15/2018**

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

\_\_\_\_\_  
Date