

**2021 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	MEMBER	Title	AUTHORIZED SIGNER
Name	DUMENIGO, RODOLFO MD., PA	Name	ALARCON, XAVIER
Address	1400 NW 107TH AVE SUITE 500	Address	1400 NW 107TH AVE SUITE 500
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33172

*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:** XAVIER ALARCON

**AUTHORIZED SIGNER**

**04/30/2021**

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

\_\_\_\_\_  
Date