

**2024 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  
Name DUMENIGO, MD PA, RODOLFO  
Address 1400 NW 107TH AVE  
SUITE 500  
City-State-Zip: MIAMI FL 33172

Title AUTHORIZED SIGNOR  
Name ALARCON, XAVIER  
Address 1400 NW 107TH AVE  
SUITE 500  
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 SIGNOR**

**03/21/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date