# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043479

Entity Name: VANGUARD MEDICAL GROUP LLC

# **Current Principal Place of Business:**

603 NORTH FLAMINGO ROAD, SUITE 150 PEMBROKE PINES, FL 33028

# **Current Mailing Address:**

603 NORTH FLAMINGO ROAD, SUITE 150 PEMBROKE PINES, FL 33028

# FEI Number: 20-4778148

## Name and Address of Current Registered Agent:

HASAN, MIAN M.D. 603 NORTH FLAMINGO ROAD, SUITE 150 PEMBROKE PINES, FL 33028 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

## Authorized Person(s) Detail :

TitleMGRMNameHASAN, MIANAddress603 NORTH FLAMINGO ROAD #150City-State-Zip:PEMBROKE PINES FL 33028

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: MIAN AHMED HASAN

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 14, 2017 Secretary of State CC4298966126

Certificate of Status Desired: No

Date

MD