

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000107155

**Entity Name:** MIAMI GARDENS MEDICAL, P.L.

**Current Principal Place of Business:**

260 NW 183 STREET  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

260 NW 183 STREET  
MIAMI GARDENS, FL 33169

**FEI Number:** 27-3695775

**Certificate of Status Desired:** Yes

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

HOWARD J. MOFSEN C.P.A., P.A.  
9728 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 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            PRES  
Name            MORRISON, MICHAEL A DR.  
Address        260 NW 183 STREET  
City-State-Zip: MIAMI GARDENS FL 33169

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL A MORRISON, M.D.

**PRESIDENT/ OWNER**

**04/29/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date