

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000102209

Entity Name: MP HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

2750 NE 185TH ST SUITE 201
AVENTURA, FL 33180

Current Mailing Address:

2750 NE 185TH ST SUITE 201
AVENTURA, FL 33180

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTELLO, LOUIS R
2750 NE 185TH ST SUITE 201
AVENTURA, FL 33180 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 MANAGER

Name MONTELLO, CHRISTOPHER

Address 2750 NE 185 STREET
201

City-State-Zip: AVENTURA FL 33180

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: CHRISTOPHER MONTELLO

MANAGER

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date