

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000104736

**Entity Name:** MEDICAL SERVICES OF FLORIDA LLC

**Current Principal Place of Business:**

10172 CEDAR DUNE DR  
TAMPA, FL 33624

**Current Mailing Address:**

10172 CEDAR DUNE DR  
TAMPA, FL 33624 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BAQUERO, ALEJANDRO  
10172 CEDAR DUNE DR  
TAMPA, FL 33624 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:** ALEJANDRO BAQUERO

10/25/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BAQUERO, ALEJANDRO  
Address 10172 CEDAR DUNE DR  
City-State-Zip: TAMPA FL 33624

*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:** ALEJANDRO BAQUERO

AMBR

10/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date