

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000021880

**Entity Name:** MEDICAL ADMINISTRATIVE CONSULTANTS, LLC

**Current Principal Place of Business:**

7512 DR PHILLIPS BLVD  
STE 50 PMB 959  
ORLANDO, FL 32819

**Current Mailing Address:**

7512 DR PHILLIPS BLVD  
STE 50 PMB 959  
ORLANDO, FL 32819 US

**FEI Number:** 47-3054896

**Certificate of Status Desired:** No

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

SINGH, SURABHI  
7512 DR PHILLIPS BLVD  
STE 50 PMB 959  
ORLANDO, FL 32819 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	AMBR	Title	AMBR
Name	SINGH, SURABHI	Name	SINGH, SANJEEV DR.
Address	7512 DR PHILLIPS BLVD STE 50 PMB 959	Address	7512 DR PHILLIPS BLVD STE 50 PMB 959
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819

*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:** SURABHI SINGH

**MGR**

**01/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date