

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000049479

**Entity Name:** MIAMI GARDENS MEDICAL CONSULTANTS, LLC.

**Current Principal Place of Business:**

301 SW 86 AVE  
SUITE #107  
PEMBROKE PINES, FL 33025

**Current Mailing Address:**

301 SW 86 AVE  
SUITE #107  
PEMBROKE PINES, FL 33025

**FEI Number:** 47-3601708

**Certificate of Status Desired:** No

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

MP COMPLETE SOLUTIONS, LLC.  
301 SW 86 AVE  
SUITE #107  
PEMBROKE PINES, FL 33025 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  
Name DANIELS, WILLIE L  
Address 301 SW 86 AVE. SUITE#107  
City-State-Zip: PEMBROKE PINES FL 33025

*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:** WILLIE DANIELS

AMBR

02/01/2018

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

\_\_\_\_\_  
Date