

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000169882

Entity Name: POWER MD CLINICAL RESEARCH INSTITUTE L.L.C.

Current Principal Place of Business:

4000 N 37 AVE
HOLLYWOOD, FL 33021

Current Mailing Address:

4000 N 37 AVE
HOLLYWOOD, FL 33021

FEI Number: 81-4545406

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, OSVALDO S JR
4000 N 37 AVE
HOLLYWOOD, FL 33021 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 AUTHORIZED MEMBER
Name POWERMD MSO LLC
Address 4000 N 37 AVE
City-State-Zip: HOLLYWOOD FL 33021

Title AUTHORIZED MEMBER
Name GONZALEZ, ALEJANDRO A
Address 4000 N 37 AVE
City-State-Zip: HOLLYWOOD FL 33021

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: OSVALDO MARTINEZ

AUTHORIZED MEMBER

03/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date