

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000001557

**Entity Name:** MAZAL MD MED LLC

**Current Principal Place of Business:**

6150 HANCOCK DR  
SOUTHWEST RANCHES, FL 33330

**Current Mailing Address:**

6150 HANCOCK DR  
SOUTHWEST RANCHES, FL 33330 US

**FEI Number:** 82-3876869

**Certificate of Status Desired:** No

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

ARS & ASSOCIATES INC  
20810 WEST DIXIE HIGHWAY  
MIAMI, 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 MGR  
Name Z Aidner, Richard  
Address 6150 HANCOCK DR  
City-State-Zip: SOUTHWEST RANCHES FL 33330

*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:** RICHARD ZAIDNER

MGR

04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date