

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000034942

**Entity Name:** MAXIMUS MEDICAL GROUP, LLC.

**Current Principal Place of Business:**

777 N.W. 72 AVENUE  
SUITE 3162  
MIAMI, FL 33126

**Current Mailing Address:**

777 N.W. 72 AVENUE  
SUITE 3162  
MIAMI, FL 33126 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CASTELLON-VEGA, JOHANNA  
7901 LUDLAM ROAD  
100  
MIAMI, FL 33143 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 ESPINOSA, CARLOS  
Address 1022 E. 8 AVENUE  
City-State-Zip: HIALEAH FL 33010

Title MGR  
Name SANCHEZ, DENNIS  
Address 1022 E. 8 AVENUE  
City-State-Zip: HIALEAH FL 33010

*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:** CARLOS ESPINOSA

**MANAGER**

**02/20/2019**

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

\_\_\_\_\_  
Date