

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000070170

**Entity Name:** MORI MEDICAL CONSULTING LLC

**Current Principal Place of Business:**

100 PARK VISTA DR  
3010  
LAS VEGAS, NV 89138

**Current Mailing Address:**

100 PARK VISTA DR  
3010  
LAS VEGAS, NV 89138 US

**FEI Number:** 83-3922521

**Certificate of Status Desired:** No

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

SHAHRAM, MORI  
2060 SHARON RD  
WINTER PARK, FL 32789 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 AMGR  
Name SHAHRAM, MORI  
Address 100 PARK VISTA DR  
3010  
City-State-Zip: LAS VEGAS NV 89138

*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:** SHAHRAM MORI

AGMR

04/07/2022

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

\_\_\_\_\_  
Date