

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000087910

**FILED**  
**Mar 31, 2023**  
**Secretary of State**  
**4689258840CC**

**Entity Name:** MIAMI GARDENS ORTHOPEDICS AND PAIN MANAGEMENT LLC

**Current Principal Place of Business:**

4888 NW 183 ST  
SUITE 113  
MIAMI GARDENS, FL 33055

**Current Mailing Address:**

4888 NW 183 ST  
SUITE 113  
MIAMI GARDENS, FL 33055 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NICOLAS, MARICELA  
4888 NW 183 ST  
SUITE 113  
MIAMI, FL 33055 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 NICOLAS, MARICELA  
Address 4888 NW 183RD ST  
City-State-Zip: MIAMI GARDENS FL 33055

Title AMBR  
Name MONTANO, ANNIA  
Address 14360 SW 19 TERR  
City-State-Zip: MIAMI FL 33175

*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:** MARICELA NICOLAS

**MGR**

**03/31/2023**

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

\_\_\_\_\_  
Date