

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000087910

Entity Name: MIAMI GARDENS ORTHOPEDICS AND PAIN MANAGEMENT LLC

FILED
Jan 27, 2024
Secretary of State
8993959510CC

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: 88-1106887

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: NICOLAS MARICELA

MGR

01/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date