

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000000001

**Entity Name:** MNI MEDICAL SERVICES PLLC, LLC

**Current Principal Place of Business:**

7001 N FEDERAL HWY  
BOCA RATON, FL 33487

**Current Mailing Address:**

41 PARK AVENUE  
14H  
NEW YORK, NY 10016 US

**FEI Number:** 47-5577432

**Certificate of Status Desired:** No

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

NGUYEN, MICHAEL  
7001 N FEDERAL HWY  
BOCA RATON, FL 33487 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 NGUYEN, MICHAEL  
Address 41 PARK AVENUE  
14H  
City-State-Zip: NEW YORK NY 10016

*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:** MICHAEL NGUYEN

MGR

03/05/2018

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

\_\_\_\_\_ Date