

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022063

Entity Name: ARTURO RODRIGUEZ-MARTIN, M.D., P.L.

Current Principal Place of Business:

22099 ELMIRA BLVD.
PORT CHARLOTTE, FL 33952

Current Mailing Address:

PO BOX 496016
PORT CHARLOTTE, FL 33949 US

FEI Number: 56-2450952

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARLADE SCHAEFER SCHORTZ, CPAS, PA
5975 SUNSET DRIVE
802
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: JUSTIN SCHAEFER

01/07/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title DR.
Name RODRIGUEZ-MARTIN, ARTURO
Address 22099 ELMIRA BLVD.
City-State-Zip: PORT CHARLOTTE FL 33952

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: RODRIGUEZ-MARTIN , ARTURO

MGR

01/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date