

**2016 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:**

JOSEPH R. SCHORTZ, CPA, PLLC  
201 W. MARION AVE SUITE 1204  
PUNTA GORDA, FL 33950 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 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:** ARTURO RODRIGUEZ-MARTIN

M.D.

01/23/2016

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

\_\_\_\_\_  
Date