

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000002993

**Entity Name:** JUAN O. BRAVO, MD PL

**Current Principal Place of Business:**

1950 S OCEAN DR #17Q  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

PO BOX 8246  
CORAL SPRING, FL 33075 US

**FEI Number:** 20-2136165

**Certificate of Status Desired:** No

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

BRAVO, JUAN O  
1950 S OCEAN DR #17Q  
HALLANDALE BEACH, FL 33009 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 MGRM  
Name BRAVO, JUAN O  
Address PO BOX 8246  
City-State-Zip: CORAL SPRINGS FL 33075

*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:** JUAN BRAVO

**PRESIDENT**

**02/22/2015**

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

\_\_\_\_\_  
Date