

2014 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

01/08/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date