

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000100507

Entity Name: GIANMARCO PARIS, M.D., LLC

Current Principal Place of Business:

15040 SW 40 ST
DAVIE, FL 33331

Current Mailing Address:

15040 SW 40 ST
DAVIE, FL 33331

FEI Number: 45-3154597

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARIS, GIANMARCO R
15040 SW 40 ST
DAVIE, FL 33331 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 PARIS, GIANMARCO R
Address 15040 SW 40 ST
City-State-Zip: DAVIE FL 33331

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: GIANMARCO PARIS

MEMBER

04/11/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date