

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000119830

**Entity Name:** MARK ANTHONY QUINTERO, M.D., L.L.C.

**Current Principal Place of Business:**

1330 CORAL WAY  
SUITE 207  
MIAMI, FL 33145

**Current Mailing Address:**

2220 COUNTY ROAD 210 WEST  
SUITE 108, BOX 332  
JACKSONVILLE, FL 32259

**FEI Number:** 46-1016836

**Certificate of Status Desired:** Yes

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

QUINTERO, MARK A  
160 SAINT JOHNS FOREST BLVD  
SAINT JOHNS, FL 32259 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 MGR  
Name QUINTERO, MARK A  
Address 160 SAINT JOHNS FOREST BLVD  
City-State-Zip: SAINT JOHNS FL 32259

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK ANTHONY QUINTERO

**OWNER**

**02/27/2013**

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

\_\_\_\_\_  
Date