

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000086583

Entity Name: CLINICA DR. RUBIO, LLC

Current Principal Place of Business:

2530 SWOOP CIRCLE
KISSIMEE, FL 34741

Current Mailing Address:

2530 SWOOP CIRCLE
KISSIMMEE, FL 34741 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUBIO, JAIME F M.D.
2530 SWOOP CIRCLE
KISSIMMEE, FL 34741 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	DIR	Title	MGRM
Name	RUBIO, JAIME F M.D	Name	RUBIO, WENCY
Address	2530 SWOOP CIRCLE	Address	2530 SWOOP CIRCLE
City-State-Zip:	KISSIMMEE FL 34741	City-State-Zip:	KISSIMMEE FL 34741

Title MGR
Name RUBIO, LOURDES A R.D.H.
Address 2530 SWOOP CIRCLE
City-State-Zip: KISSIMMEE FL 34741

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: RUBIO , JAIME F

MD

03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date