

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000124175

**Entity Name:** ROBERT VERGARA, MD, LLC

**Current Principal Place of Business:**

449 S. 12TH STREET  
#504  
TAMPA, FL 33602

**Current Mailing Address:**

449 S. 12TH STREET  
#504  
TAMPA, FL 33602 US

**FEI Number:** 47-4636809

**Certificate of Status Desired:** No

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

VERGARA, ROBERT  
449 S. 12TH STREET  
#504  
TAMPA, FL 33602 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 VERGARA, ROBERT  
Address 449 S. 12TH STREET, #504  
City-State-Zip: TAMPA FL 33602

*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:** ROBERT VERGARA MD LLC

MD/CEO

03/07/2017

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

\_\_\_\_\_  
Date