

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000103402

Entity Name: JULIAN BRAVO M.D. PLLC

Current Principal Place of Business:

4734 SUNSET DRIVE
MIAMI, FL 33143

Current Mailing Address:

4734 SUNSET DRIVE
MIAMI, FL 33143

FEI Number: 81-2774579

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

A.C. MCCOWAN CPA, P.L.L.C.
1500 BAY ROAD
1102
MIAMI BEACH, FL 33139 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 P
Name BRAVO, JULIAN A
Address 4734 SUNSET DRIVE
City-State-Zip: MIAMI FL 33143

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: JULIAN BRAVO _____

PRESIDENT

06/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date