

**2019 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**

**04/30/2019**

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

\_\_\_\_\_  
Date