

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000032514

1. Entity Name
PEREZ & RIVERA, P.L.



Principal Place of Business
**800 CENTURY MEDICAL DR., STE. A
TITUSVILLE, FL 32796**

Mailing Address
**800 CENTURY MEDICAL DR., STE. A
TITUSVILLE, FL 32796**

DO NOT WRITE IN THIS SPACE



03062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1202222

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, DR. JUAN J
800 CENTURY MEDICAL DR., STE. A
TITUSVILLE, FL 32796**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000659764
03/16/07-80043-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PEREZ, JUAN J MD PA
800 CENTURY MEDICAL DRIVE, SUITE A
TITUSVILLE, FL 32796**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RIVERA, RICARDO PL
800 CENTURY MEDICAL DRIVE, SUITE A
TITUSVILLE, FL 32796**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Juan J. Perez, MD

3-06-07 321-269-501

Date

Daytime Phone #