

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038602

FILED
Mar 04, 2005
Secretary of State

Entity Name: LUIS A. RIVES, M.D., L.L.C.

Current Principal Place of Business:

14180 METROPOLIS AVE.
SUITE # 2
FORT MYERS, FL 33912 US

Current Mailing Address:

14180 METROPOLIS AVE.
SUITE # 2
FORT MYERS, FL 33912 US

FEI Number: 20-0307351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

6820 PORTO FINO CIRCLE
SUITE # 1
FORT MYERS, FL 33912 US

New Mailing Address:

6820 PORTO FINO CIRCLE
SUITE # 1
FORT MYERS, FL 33912 US

Name and Address of Current Registered Agent:

RIVES, LUIS A
14180 METROPOLIS AVE.
SUITE # 2
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

RIVES, LUIS A
6820 PORTO FINO CIRCLE
SUITE # 1
FORT MYERS, FL 33912 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: _____

03/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: RIVES, LUIS A
Address: 14180 METROPOLIS AVE.
City-St-Zip: FORT MYERS, FL 33912 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RIVES, LUIS A
Address: 6820 PORTO FINO CIRCLE #1
City-St-Zip: FORT MYERS, FL 33912 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LUIS A. RIVES

MGR

03/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date