

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038602

FILED
Jan 22, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-0307351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 RIVES

MGR

01/22/2009

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