

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038602

**FILED
Jan 04, 2010
Secretary of State**

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

Current Principal Place of Business:

2180 IMMOKALEE ROAD
SUITE 216
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

2180 IMMOKALEE ROAD
SUITE 216
NAPLES, FL 34110 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
2180 IMMOKALEE ROAD
SUITE 216
NAPLES, FL 341102 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
Name: RIVES, LUIS A
Address: 2180 IMMOKALEE ROAD SUITE 216
City-St-Zip: NAPLES, FL 34110 US

I hereby 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 01/04/2010

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