

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000048228

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** FLEITES, HIRIART & LOPEZ, M.D., P.L.

**Current Principal Place of Business:**

9950 SW 107 AVE  
101  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

9950 SW 107 AVE  
101  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 59-3773369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FLEITES, JORGE M.D.  
9950 SW 107 AVE, SUITE 101  
MIAMI, FL 33176 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:** MGRM  
**Name:** FLEITES, JORGE  
**Address:** 9950 SW 107 AVE STE 101  
**City-St-Zip:** MIAMI, FL 33176

**Title:** MGRM  
**Name:** HIRIART, MARTIN S  
**Address:** 9950 SW 107 AVE, SUITE 101  
**City-St-Zip:** MIAMI, FL 33176

**Title:** MGRM  
**Name:** LOPEZ, GUILLERMO R  
**Address:** 9950 SW 107 AVE, SUITE 101  
**City-St-Zip:** MIAMI, FL 33176

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:** MARTIN HIRIART

MGRM

04/24/2012

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