2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# L04000080643

Entity Name: MAZO-RIASCOS M.D., LLC

Current Principal Place of Business:

1341 MEDICAL PARK DR
SUITE 101A
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

PO BOX 121557
WEST MELBOURNE, FL 32912

New Mailing Address:

FEI Number: 20-2645729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAZO-MAYORQUIN, ANTHONY
1341 MEDICAL PARK DR
#101A
MELBOURNE, FL 32901 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 ( ) Delete
Name: RIASCOS, MARITZA
Address: 1341 MEDICAL PARK DR #101A
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM ( ) Delete
Name: MAZO-MAYORQUIN, ANTHONY
Address: 1341 MEDICAL PARK DR #101A
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES:

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

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: ANTHONY MAZO-MAYORQUIN MGRM 04/11/2009

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