

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000080643

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

**FILED**  
**Apr 16, 2011**  
**Secretary of State**

**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  
Name: RIASCOS, MARITZA  
Address: 1341 MEDICAL PARK DR #101A  
City-St-Zip: MELBOURNE, FL 32901

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

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: ANTHONY MAZO-MAYORQUIN

MGRM

04/16/2011

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