

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000093947

**Entity Name:** RAUL D. DAVILA M.D., PLLC

**FILED**  
**Jan 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1901 BRICKELL AVENUE APT. B2209  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

1901 BRICKELL AVENUE APT. B2209  
MIAMI, FL 33129

**New Mailing Address:**

**FEI Number:** 20-2086178      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DAVILA, RAUL D MD  
1901 BRICKELL AVENUE APT. B2209  
MIAMI, FL 33129 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: DAVILA, RAUL D  
Address: 1901 BRICKELL AVENUE APT. B2209  
City-St-Zip: MIAMI, FL 33129

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: RAUL D. DAVILA

MGR

01/29/2010

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