

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008291

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: RAFAEL RIVAS-CHACON, M.D., L.L.C.

**Current Principal Place of Business:**

3200 SW 60 COURT  
SUITE 105  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 431169  
SOUTH MIAMI, FL 332431169

**New Mailing Address:**

FEI Number: 45-4530369

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIVAS-CHACON, RAFAEL M.D.  
3200 SW 60 COURT, SUITE 105  
MIAMI, FL 33155 US

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

RIVAS-CHACON, RAFAEL M.D.  
3200 SW 60 COURT  
SUITE # 105  
MIAMI, FL 33155 US

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: \_\_\_\_\_

04/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RIVAS-CHACON, RAFAEL F  
Address: 3200 SW 60 COURT, SUITE 105  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES:**

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: RAFAEL F. RIVAS-CHACON

MGR

04/07/2009

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