

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006767

Entity Name: MARIO F. MOQUETE, M.D., LLC

Current Principal Place of Business:

809 E OAK STREET
201
KISSIMMEE, FL 34744

Current Mailing Address:

P.O BOX 421870
KISSIMMEE, FL 34742

FEI Number: 75-3029941

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOQUETE, MARIO F
8361 VIA ROSA
ORLANDO, FL 32836 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MOQUETE, MARIO F
Address 8361 VIA ROSA
City-State-Zip: ORLANDO FL 32836

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIO F MOQUETE

MANAGER

03/23/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date