

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000032455

**Entity Name:** RICARDO RIVERA, P.L.

**Current Principal Place of Business:**

800 CENTURY MEDICAL DRIVE, STE. A  
TITUSVILLE, FL 32796

**Current Mailing Address:**

800 CENTURY MEDICAL DRIVE, STE. A  
TITUSVILLE, FL 32796

**FEI Number:** 80-0052634

**Certificate of Status Desired:** No

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

RIVERA, RICARDO  
800 CENTURY MEDICAL DRIVE, STE. A  
TITUSVILLE, FL 32796 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 MGRM  
Name RIVERA, RICARDO  
Address 800 CENTURY MEDICAL DRIVE, STE.  
A  
City-State-Zip: TITUSVILLE FL 32796

*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:** RICARDO RIVERA

**MANAGER**

**04/13/2016**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date