

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038602

Entity Name: LUIS A. RIVES, M.D., L.L.C.

Current Principal Place of Business:

2180 IMMOKALEE ROAD
SUITE 216
NAPLES, FL 34110

Current Mailing Address:

2180 IMMOKALEE ROAD
SUITE 216
NAPLES, FL 34110 US

FEI Number: 20-0307351

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVES, LUIS A
2180 IMMOKALEE ROAD
SUITE 216
NAPLES, FL 34110 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 RIVES, LUIS A
Address 2180 IMMOKALEE ROAD SUITE 216
City-State-Zip: NAPLES FL 34110

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: LUIS RIVES

MANAGER

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date