

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000067389

**Entity Name:** LOUIS AVILES, M.D., PL

**Current Principal Place of Business:**

1007 JEFFORDS STREET  
#102  
CLEARWATER, FL 33756

**Current Mailing Address:**

1007 JEFFORDS STREET  
#102  
CLEARWATER, FL 33756

**FEI Number:** 20-1597375

**Certificate of Status Desired:** Yes

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

MARQUARDT, EMIL CJR  
625 COURT STREET, SUITE 200  
CLEARWATER, FL 33756 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 AVILES, LOUIS M.D.  
Address 2802 BLUFFS DRIVE  
City-State-Zip: LARGO FL 33770

*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:** LOUIS AVILES MD

**PRESIDENT**

**01/11/2017**

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

\_\_\_\_\_  
Date