

2014 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

01/15/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date