

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068011

Entity Name: RAUL I. LOPEZ, M.D., LLC

Current Principal Place of Business:

999 PONCE DE LEON BLVD
SUITE 1045
CORAL GABLES, FL 33134

Current Mailing Address:

999 PONCE DE LEON BLVD
SUITE 1045
CORAL GABLES, FL 33134 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BISBING, MARK
2710 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131 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 LOPEZ, RAUL IM.D.
Address 2151 LE JEUNE ROAD SUITE 204
City-State-Zip: CORAL GABLES FL 33134

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: RAUL I LOPEZ MD

MGR

03/04/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date