

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000088880

**Entity Name:** RENATO R. ALCALDE M.D., ABPN, LLC

**Current Principal Place of Business:**

P O BOX 1761  
STUART, FL 34994

**Current Mailing Address:**

P O BOX 1761  
STUART, FL 34994

**FEI Number:** 20-2025625

**Certificate of Status Desired:** No

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

ALCALDE, RENATO R  
2112 S US HWY 1 STE 201  
FORT PIERCE, FL 34950 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	Title	MGRM
Name	ALCALDE, RENATO R	Name	ALCALDE, MIRASOL
Address	P O BOX 1761	Address	P O BOX 1761
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994

*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:** MIRASOL ALCALDE

**MGRM**

**04/25/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date