

2014 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

04/29/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date