

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044456

Entity Name: A. HENRIQUEZ M.D., LLC

Current Principal Place of Business:

71 RIVER RIDGE DRIVE
ROCKLEDGE, FL 32955

Current Mailing Address:

71 RIVER RIDGE DRIVE
ROCKLEDGE, FL 32955 US

FEI Number: 42-1702271

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HENRIQUEZ, ADALBERTO AMD
71 RIVER RIDGE DRIVE
ROCKLEDGE, FL 32955 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 MD
Name HENRIQUEZ, ADALBERTO AMD
Address 71 RIVER RIDGE DRIVE
City-State-Zip: ROCKLEDGE FL 32955

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADALBERTO HENRIQUEZ

MD

01/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date