

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000014582

**Entity Name:** MARIA C TORRES MD, LLC

**Current Principal Place of Business:**

766 COUNTRY CLUB DRIVE  
TITUSVILLE, FL 32780

**Current Mailing Address:**

766 COUNTRY CLUB DRIVE  
TITUSVILLE, FL 32780

**FEI Number:** 20-8727985

**Certificate of Status Desired:** Yes

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

TORRES, MARIA C  
766 COUNTRY CLUB DRIVE  
TITUSVILLE, FL 32780 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            OWNER  
Name            TORRES, MARIA C  
Address        766 COUNTRY CLUB DRIVE  
City-State-Zip: TITUSVILLE FL 32780

*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:** MARIA TORRES

**OWNER**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date