

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114441

Entity Name: JOSE L. RODRIGUEZ, M.D., P.L.

Current Principal Place of Business:

2403 ORSOTA CIRCLE
OCOEE, FL 34761

Current Mailing Address:

PO BOX 844
OCOEE, FL 34761

FEI Number: 26-1466958

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ - BENITEZ, JOSE LMD
2403 ORSOTA CIRCLE
OCOEE, FL 34761 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 RODRIGUEZ-BENITEZ, JOSE LM.D.
Address 2403 ORSOTA CIRCLE
City-State-Zip: OCOEE FL 34761

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: JOSE L. RODRIGUEZ-BENITEZ, MD

MGR

02/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date