

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000114441

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

**Current Principal Place of Business:**

7858 TURKEY LAKE RD.  
SUITE 202 A  
ORLANDO, FL 32819

**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

04/30/2019

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

\_\_\_\_\_ Date