

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126724

Entity Name: IVO FACCA PARKINSON CENTER, LLC

Current Principal Place of Business:

2735 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Current Mailing Address:

5141 NW 105TH CT
MIAMI, FL 33178 US

FEI Number: 61-1549334

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FACCA, ALICIA
2735 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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: ALICIA FACCA

04/30/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FACCA, ALICIA
Address 2735 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

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: ALICIA FACCA

MGRM

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date