

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000005404

**Entity Name:** JOSE I. IPARRAGUIRRE, M.D., PLLC

**Current Principal Place of Business:**

8950 N KENDALL DRIVE SUITE 302  
MIAMI, FL 33176

**Current Mailing Address:**

8950 N KENDALL DRIVE SUITE 302  
MIAMI, FL 33176

**FEI Number:** 26-4072601

**Certificate of Status Desired:** No

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

IPARRAGUIRRE, JOSE IMD  
8950 N KENDALL DR  
302  
MIAMI, FL 33176 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 MGRM  
Name IPARRAGUIRRE, JOSE IMD  
Address 8950 N KENDALL DRIVE SUITE 302  
City-State-Zip: MIAMI FL 33176

*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 I. IPARRAGUIRRE MD

**PRESIDENT**

**04/21/2016**

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

\_\_\_\_\_  
Date