

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000115424

Entity Name: ZORAYDA J. TORRES MD PLLC

Current Principal Place of Business:

3291 WOODS EDGE PARKWAY
200A
BONITA SPRINGS, FL 34134

Current Mailing Address:

2218 CAMPESTRE TER
NAPLES, FL 34119

FEI Number: 20-3468857

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TORRES, ZORAYDA JMD
2218 CAMPESTRE TERRACE
NAPLES, FL 34119 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 MGMR
Name TORRES, ZORAYDA JMD
Address 2218 CAMPESTRE TERRACE
City-State-Zip: NAPLES FL 34119

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ZORAYDA TORRES

MANAGER

01/19/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date