

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000083559

Entity Name: ODETTE OLIVERAS MD PLLC

Current Principal Place of Business:

4030 TEAL WAY
PENSACOLA, FL 32507

Current Mailing Address:

PSC 482 BOX 2843
FPO, AP, FL 96362 US

FEI Number: 46-3019376

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS COURT
SUITE A
TAMPA, FL 33612 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 OLIVERAS, ODETTE
Address PSC 482 BOX 2843
City-State-Zip: FPO, AP FL 96362

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: ODETTE OLIVERAS

MD

04/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date