

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000141537

**Entity Name:** RIVIERA PLAZA MEDICAL OFFICE LLC

**Current Principal Place of Business:**

1702 RIDGEWOOD AVE  
SUITE I  
HOLLY HILL, FL 32117

**Current Mailing Address:**

1702 RIDGEWOOD AVE  
SUITE I  
HOLLY HILL, FL 32117 US

**FEI Number:** 46-3916469

**Certificate of Status Desired:** No

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

GLORIA, MIKULA H MD  
208 NORTH HALIFAX AVE  
DAYTONA BEACH, FL 32118 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 MIKULA, GLORIA H MD  
Address 1702 RIDGEWOOD AVE SUITE I  
City-State-Zip: HOLLY HILL FL 32117

*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:** GLORIA H MIKULA, MD

**MANAGER**

**03/26/2018**

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

\_\_\_\_\_  
Date