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: ERNESTO V TORRES

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: ERNESTO V. TORRES, MD PLLC

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

315 PALERMO AVE CORAL GABLES. FL 33134

DOCUMENT# L14000029185

Current Mailing Address:

315 PALERMO AVE CORAL GABLES. FL 33134 US

FEI Number: 46-4884814

Name and Address of Current Registered Agent:

TORRES, ERNESTRO V 315 PALERMO AVE 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	TORRES, ERNESTO V	Name	MOROTE, LILIA G
Address	1304 SW 160TH AVENUE #326	Address	1304 SW 160TH AVENUE #326
City-State-Zip:	SUNRISE BR 33326	City-State-Zip:	SUNRISE BR 33326

PRESIDENT

05/01/2016

FILED May 01, 2016 Secretary of State CC7360573696

Date

Certificate of Status Desired: No

Date