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

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:	ERNESTO V TORRES			04/04/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	TORRES, ERNESTO V	Name	MOROTE, LILIA G	
Address	4581 WESTON RD # 157	Address	4581 WESTON RD # 157	
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON FL 33331	

Entity Name: ERNESTO V. TORRES, MD PLLC

Current Principal Place of Business:

Name and Address of Current Registered Agent:

4581 WESTON RD # 157 WESTON, FL 33331

Current Mailing Address:

DOCUMENT# L14000029185

4581 WESTON RD # 157 WESTON, FL 33331 US

FEI Number: 46-4884814

TORRES, ERNESTO V 4581 WESTON RD # 157 WESTON, FL 33331 US

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

MANAGER

04/04/2019

Date

FILED Apr 04, 2019 Secretary of State 2371604691CC

Certificate of Status Desired: No