

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000126694

**Entity Name:** LUIS C. FAVILLI, M.D., LLC

**Current Principal Place of Business:**

6675 WESTWOOD BLVD.,STE 475  
ORLANDO, FL 32821

**Current Mailing Address:**

6675 WESTWOOD BLVD.,STE 475  
ORLANDO, FL 32821 US

**FEI Number:** 59-3591868

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** BRIAN MUELLER - ASSISTANT SECRETARY

02/20/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DIRECTOR  
Name CARTER, MARK  
Address 200 CLAREDON STREET  
56TH FLOOR  
City-State-Zip: BOSTON MA 02116

Title CFO  
Name CREMATA, ARMANDO  
Address 6675 WESTWOOD BLVD.,STE 475  
City-State-Zip: ORLANDO FL 32821

Title DIRECTOR  
Name LIEBERMANN, ETHAN  
Address 200 CLAREDON STREET  
56TH FLOOR  
City-State-Zip: BOSTON MA 02116

Title MEMBER  
Name PICHARDO, NELSON  
Address 6675 WESTWOOD BLVD.,STE 475  
City-State-Zip: ORLANDO FL 32821

Title MANAGER  
Name PICHARDO, PATRICIA  
Address 6675 WESTWOOD BLVD.,STE 475  
City-State-Zip: ORLANDO FL 32821

Title CHIEF MEDICAL OFFICER  
Name RODRIGUEZ, SARAH  
Address 6675 WESTWOOD BLVD.,STE 475  
City-State-Zip: ORLANDO FL 32821

Title CONTROLLER  
Name THOMPSON, LOGAN  
Address 6675 WESTWOOD BLVD.,STE 475  
City-State-Zip: ORLANDO FL 32821

Title COO  
Name WALKER, DONNA  
Address 6675 WESTWOOD BLVD.,STE 475  
City-State-Zip: ORLANDO FL 32821

*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:** LOGAN THOMPSON

CONTROLLER

02/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date