

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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

FILED
Jun 24, 2019
Secretary of State
6413423160CC

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

06/24/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|-----------------------------------|-----------------|-----------------------------------|
| Title | BOARD MEMBER | Title | BOARD MEMBER |
| Name | LIEBERMANN, ETHAN | Name | CARTER, MARK |
| Address | 200 CLAREDON STREET 56TH FLOOR | Address | 200 CLAREDON STREET 56TH FLOOR |
| City-State-Zip: | BOSTON MA 02116 | City-State-Zip: | BOSTON MA 02116 |
| | | | |
| Title | CFO | Title | CONTROLLER |
| Name | CREMATA, ARMANDO | Name | THOMPSON, LOGAN |
| Address | 6675 WESTWOOD BLVD, SUITE 475 | Address | 6675 WESTWOOD BLVD, SUITE 475 |
| City-State-Zip: | ORLANDO FL 32821 | City-State-Zip: | ORLANDO FL 32821 |
| | | | |
| Title | CHIEF MEDICAL OFFICER | Title | MEMBER |
| Name | RODRIGUEZ, DR. SARAH | Name | PICHARDO, NELSON |
| Address | 6675 WESTWOOD BLVD, SUITE 475 | Address | 6675 WESTWOOD BLVD STE 475 |
| City-State-Zip: | ORLANDO FL 32821 | 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

06/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date