

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000126694

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

**Current Principal Place of Business:**

3650 INNOVATION DR  
LAKELAND, FL 33812

**FILED**  
**Mar 23, 2018**  
**Secretary of State**  
**CC9423847786**

**Current Mailing Address:**

3650 INNOVATION DR  
LAKELAND, FL 33812 US

**FEI Number: 59-3591868**

**Certificate of Status Desired: No**

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

FAVILLI, LUIS  
3650 INNOVATION DR  
LAKELAND, FL 33812 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           MANAGER  
Name           CANTO, EDUARDO MD  
Address        3650 INNOVATION DR  
City-State-Zip: LAKELAND FL 33812

Title           MANAGER, PRESIDENT, CEO  
Name           PICHARDO, NELSON MD  
Address        3650 INNOVATION DR  
City-State-Zip: LAKELAND FL 33812

Title           MANAGER, COO  
Name           PICHARDO, PATRICIA  
Address        3650 INNOVATION DR  
City-State-Zip: LAKELAND FL 33812

Title           VICE-PRESIDENT  
Name           WALTER, JOSEPH  
Address        3650 INNOVATION DR  
City-State-Zip: LAKELAND FL 33812

*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: PATRICIA PICHARDO**

**MANAGER**

**03/23/2018**

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

\_\_\_\_\_  
Date