

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000138314

Entity Name: MARIA O. LOPEZ, M.D., LLC

Current Principal Place of Business:

1447 MEDICAL PARK BLVD.
SUITE 208
WELLINGTON, FL 33414

Current Mailing Address:

1447 MEDICAL PARK BLVD.
SUITE 208
WELLINGTON, FL 33414 US

FEI Number: 65-0723106

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, MARIA O
2205 SOUNDINGS COURT
WEST PALM BEACH, FL 33413 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 MGR
Name LOPEZ, MARIA
Address 1447 MEDICAL PARK BLVD.
SUITE 208
City-State-Zip: WELLINGTON FL 33414

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: MARIA LOPEZ

MGR

01/08/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date