

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000227645

**Entity Name:** RHEUMATOLOGY CENTER OF PALM BEACH, PLLC

**Current Principal Place of Business:**

3918 VIA POINCIANA DR.  
STE 2 AND 4  
LAKE WORTH, FL 33467

**Current Mailing Address:**

7632 SOUTHSIDE BLVD.  
APT 271  
JACKSONVILLE, FL 32256

**FEI Number:** 83-2037656

**Certificate of Status Desired:** No

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

BITTINGER, ANN M ESQ.  
3621 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 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            AMBR  
Name            MAYA VILLAMIZAR, JUAN JOSE  
Address        7632 SOUTHSIDE BLVD., APT 271  
City-State-Zip: JACKSONVILLE FL 32256

*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:** JUAN JOSE MAYA VILLAMIZAR

**MANAGING PARTNER**

**04/30/2019**

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

\_\_\_\_\_  
Date