

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000008291

**Entity Name:** RAFAEL RIVAS-CHACON, M.D., L.L.C.

**Current Principal Place of Business:**

3200 SW 60 COURT  
SUITE 105  
MIAMI, FL 33155

**Current Mailing Address:**

P.O. BOX 431169  
SOUTH MIAMI, FL 33243-1169

**FEI Number:** 45-4530369

**Certificate of Status Desired:** No

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

RIVAS-CHACON, RAFAEL F. M.D.  
3200 SW 60 COURT  
SUITE # 105  
MIAMI, FL 33155 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:** RAFAEL F. RIVAS-CHACON

02/15/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RIVAS-CHACON, RAFAEL F  
Address 3200 SW 60 COURT, SUITE 105  
City-State-Zip: MIAMI FL 33155

*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:** RAFAEL F. RIVAS-CHACON

MGRM

02/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date