

2014 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 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:

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

MANAGER

02/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date