

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000110266

Entity Name: CEDA ORTHOPEDICS & INTERVENTIONAL MEDICINE OF F.I.U/KENDALL, L.L.C.

Current Principal Place of Business:

11890 S.W. 8 ST., STE 400/401
MIAMI, FL 33184

Current Mailing Address:

PO BOX 1750
MIAMI, FL 33126 US

FEI Number: 27-1347291

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CERECEDA, MARK A
51 EAST 1ST AVE
HIALEAH, FL 33010 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 CERECEDA, MARK A
Address 51 E. 1 AVE.
City-State-Zip: HIALEAH FL 33010

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: CERECEDA, MARK A

MGRM

03/18/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date