

**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