## **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000110901

Entity Name: CEDA ORTHOPEDICS & INTERVENTIONAL MEDICINE OF

HIALEAH, L.L.C.

Jan 20, 2023 Secretary of State 3222942523CC

**FILED** 

### **Current Principal Place of Business:**

815 NW 57TH AVE SUITE 405 MIAMI, FL 33126

# **Current Mailing Address:**

815 NW 57TH AVE SUITE 405 MIAMI, FL 33126 US

FEI Number: 27-1347409 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PHYSICIANS CENTRAL BUSINESS OFFICE, LLC 815 NW 57TH AVE SUITE 405 MIAMI, FL 33126 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: ESTHER ESPINOZA 01/20/2023

Electronic Signature of Registered Agent

Date

### Authorized Person(s) Detail:

Title MGR

Name CERECEDA, MARK A Address 815 NW 57TH AVE

SUITE 405

City-State-Zip: MIAMI FL 33126

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

Electronic Signature of Signing Authorized Person(s) Detail

01/20/2023

**MGR** 

Date