

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000110901

Entity Name: CEDA HEALTH OF HIALEAH, L.L.C.

Current Principal Place of Business:

235 W. 49TH STREET
HIALEAH, FL 33012

Current Mailing Address:

51 EAST 1ST AVE
HIALEAH, FL 33010

FEI Number: 27-1347409

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 AVENUE
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK A. CERECEDA

MGRM

01/15/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date