

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000062081

**Entity Name:** PEDEM, PLLC

**Current Principal Place of Business:**

5975 SUNSET DR STE 402  
S MIAMI, FL 33143

**Current Mailing Address:**

5975 SUNSET DR STE 402  
S MIAMI, FL 33143

**FEI Number:** 45-5237454

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THE LAW OFFICES OF MAX A. ADAMS, ESQ., PLL  
325 ALMERIA AVE  
CORAL GABLES, FL 33134 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 FERNANDO MENDOZA, M.D., LLC.  
Address 5975 SUNSET DR STE 402  
City-State-Zip: S MIAMI FL 33143

Title MGRM  
Name TAVAREZ EM LLC  
Address 5975 SUNSET DR STE 402  
City-State-Zip: S MIAMI FL 33143

Title MGRM  
Name JP PEDIATRIC EMERGENCY , LLC  
Address 5975 SUNSET DR STE 402  
City-State-Zip: S MIAMI FL 33143

Title MGRM  
Name CHENEY EMERGENCY MEDICINE, LLC  
Address 5975 SUNSET DR STE 402  
City-State-Zip: S MIAMI FL 33143

*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:** FERNANDO MENDOZA

MGRM

04/16/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date