

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000062081

**Entity Name:** PEDEM, PLLC

**Current Principal Place of Business:**

7742 N KENDALL DR  
SUITE 100  
MIAMI, FL 33156

**Current Mailing Address:**

7742 N KENDALL DR  
SUITE 100  
MIAMI, FL 33156 US

**FEI Number:** 45-5237454

**Certificate of Status Desired:** No

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

THE LAW OFFICES OF MAX A ADAMS ESQ PLLC  
2151 S LEJEUNE ROAD  
SUITE 306  
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:** MAX A ADAMS ESQ

10/22/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FERNANDO MENDOZA, M.D., LLC.  
Address 7742 N KENDALL DR  
SUITE 100  
City-State-Zip: MIAMI FL 33156

Title MGRM  
Name TAVAREZ EM LLC  
Address 7742 N KENDALL DR  
SUITE 100  
City-State-Zip: MIAMI FL 33156

Title MGRM  
Name JP PEDIATRIC EMERGENCY , LLC  
Address 7742 N KENDALL DR  
SUITE 100  
City-State-Zip: MIAMI FL 33156

Title MGRM  
Name CHENEY EMERGENCY MEDICINE,  
LLC  
Address 7742 N KENDALL DR  
SUITE 100  
City-State-Zip: MIAMI FL 33156

*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:** FERNANDO MENDOZA

MGRM

10/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date