

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000172910

**Entity Name:** MARIO RUEDA, M.D., PLLC

**Current Principal Place of Business:**

3319 SOUTH STATE ROAD 7,  
SUITE 105  
WELLINGTON, FL 33449

**Current Mailing Address:**

3319 SOUTH STATE ROAD 7  
105  
WELLINGTON, FL 33449 US

**FEI Number:** 81-3879435

**Certificate of Status Desired:** No

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

RUEDA, MARIO  
3319 S SR 7  
SUITE 105  
WELLINGTON, FL 33449 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:** MARIO RUEDA

01/26/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RUEDA, MARIO M.D.  
Address 3319 S SR7  
105  
City-State-Zip: WELLINGTON FL 33449

*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:** MARIO RUEDA

MANAGER

01/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date