

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L49382

**Entity Name:** RAUL CARDENAS M.D., P.A.

**Current Principal Place of Business:**

13941 OAK RIDGE DRIVE  
DAVIE, FL 33325

**Current Mailing Address:**

13941 OAK RIDGE DRIVE  
DAVIE, FL 33325 US

**FEI Number:** 65-0176766

**Certificate of Status Desired:** No

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

CEBALLOS, HAYDEE  
890 S DIXIE HWY  
CORAL GABLES, FL 33146 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

**Officer/Director Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | P, D               | Title           | S, D               |
| Name            | RAUL, CARDENAS     | Name            | BERTA, CARDENAS    |
| Address         | 13941 OAK RIDGE DR | Address         | 13941 OAK RIDGE DR |
| City-State-Zip: | DAVIE FL 33325     | City-State-Zip: | DAVIE FL 33325     |

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAUL CARDENAS

P, D

04/13/2021

Electronic Signature of Signing Officer/Director Detail

Date