

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000054560

**Entity Name:** CZAR MEDICAL SERVICES, PLLC

**Current Principal Place of Business:**

3501 SW 147TH AVENUE  
MIRAMAR, FL 33027

**Current Mailing Address:**

3501 SW 147TH AVENUE  
MIRAMAR, FL 33027

**FEI Number:** 20-1425115

**Certificate of Status Desired:** No

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

CARRALERO, CESAR W  
3501 SW 147TH AVENUE  
MIRAMAR, FL 33027 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 MGR  
Name CARRALERO, CESAR W  
Address 3501 SW 147TH AVENUE  
City-State-Zip: MIRAMAR FL 33027

*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:** CESAR CARRALERO

**PRESIDENT**

**01/31/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date