

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000024721

**Entity Name:** ROBERT RADEN, M.D., LLC

**Current Principal Place of Business:**

5130 LINTON BOULEVARD  
F7  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5130 LINTON BOULEVARD  
F7  
DELRAY BEACH, FL 33484 US

**FEI Number:** 20-4604356

**Certificate of Status Desired:** No

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

RADEN, ROBERT  
5130 LINTON BOULEVARD  
F7  
DELRAY BEACH, FL 33484 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 ROBERT RADEN, M.D.  
Address 5130 LINTON BLVD F7  
City-State-Zip: DELRAY BEACH FL 33484

*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:** ROBERT RADEN

MGRM

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date