

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024721

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

Current Principal Place of Business:

5130 LINTON BOULEVARD
D4
DELRAY BEACH, FL 33484

Current Mailing Address:

5130 LINTON BOULEVARD
D4
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
D4
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 D4
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT RADEN

MGRM

03/21/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date