

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000107376

**Entity Name:** CARLOS A. CORRALES, M.D., LLC

**Current Principal Place of Business:**

5661 CORAL GATE BLVD.  
MARGATE, FL 33063

**Current Mailing Address:**

5661 CORAL GATE BLVD.  
MARGATE, FL 33063 US

**FEI Number:** 41-2219559

**Certificate of Status Desired:** No

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

CORRALES, CARLOS AUGUSTO MD  
5661 CORAL GATE BLVD.  
MARGATE, FL 33063 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:** CARLOS A. CORRALES

03/18/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title D  
Name CORRALES, CARLOS AMD  
Address 5661 CORAL GATE BLVD.  
City-State-Zip: MARGATE FL 33063

*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:** CARLOS A CORRALES

MD

03/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date