

2014 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:

BRADEN, LISA
4623 FOREST HILL BLVD., STE 111
WEST PALM BEACH, FL 33415 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 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, M.D.

D

04/14/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date