

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000112297

Entity Name: CEDA ORTHOPEDICS & INTERVENTIONAL MEDICINE OF SOUTH MIAMI, L.L.C.

Current Principal Place of Business:

815 NW 57 AVENUE
SUITE 405
MIAMI, FL 33126

Current Mailing Address:

PO BOX 1750
MIAMI, FL 33126 US

FEI Number: 27-1391503

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHYSICIAN CENTRAL BILLING OFFICE, LLC
815 NW 57 AVENUE
SUITE 405
MIAMI, FL 33126 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: MARK A CERECEDA

03/03/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CERECEDA, MARK A
Address 815 NW 57 AVENUE
SUITE 405
City-State-Zip: MIAMI FL 33126

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: MARK A CERECEDA

MGRM

03/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date