

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000087805

Entity Name: CARLOS A. CARDENAS, M.D., PLLC

Current Principal Place of Business:

C/O UNIVERSITY DIAGNOSTIC INSTITUTE
111 N. LAKEMONT AVE.
WINTER PARK, FL 32792

Current Mailing Address:

C/O UNIVERSITY DIAGNOSTIC INSTITUTE
111 N. LAKEMONT AVE.
WINTER PARK, FL 32792 US

FEI Number: 47-0991190

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARDENAS, CARLOS A MD
C/O UNIVERSITY DIAGNOSTIC INSTITUTE
111 N. LAKEMONT AVE.
WINTER PARK, FL 32792 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 CARDENAS, CARLOS A
Address C/O UNIVERSITY DIAGNOSTIC
INSTITUTE
111 N. LAKEMONT AVE.
City-State-Zip: WINTER PARK FL 32792

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 CARDENAS

MGRM

03/02/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date