

**2015 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 A CARDENAS

MGRM

01/19/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date