

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000080004

FILED  
Jan 25, 2011  
Secretary of State

**Entity Name:** EMERALD COAST MEMORY CLINIC, LLC

**Current Principal Place of Business:**

870 MACK BAYOU ROAD  
SANTA ROSA BEACH, FL 32550

**New Principal Place of Business:**

95 SAINT FRANCIS DRIVE NORTH  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

755 GRAND BLVD  
STE B105-116  
DESTIN, FL 32550

**New Mailing Address:**

95 SAINT FRANCIS DRIVE NORTH  
MIRAMAR BEACH, FL 32550

FEI Number: 27-3140541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHEKAOUI, ERIN  
95 SAINT FRANCIS DR N  
MIRAMAR BEACH, FL 32550 US

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

CHEKAOUI, FARID  
95 SAINT FRANCIS DR N  
MIRAMAR BEACH, FL 32550 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: FARID CHEKAOUI, MD

01/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FARID CHEKAOUI MD PA  
Address: 95 SAINT FRANCIS DR N  
City-St-Zip: MIRAMAR BEACH, FL 32550

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: FARID CHEKAOUI, MD

MGRM

01/25/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date