

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000080004

**FILED**  
**Feb 12, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

95 SAINT FRANCIS DRIVE NORTH  
MIRAMAR BEACH, FL 32550

**New Principal Place of Business:**

755 GRAND BLVD., SUITE B105-116  
DESTIN, FL 32550

**Current Mailing Address:**

95 SAINT FRANCIS DRIVE NORTH  
MIRAMAR BEACH, FL 32550

**New Mailing Address:**

755 GRAND BLVD., SUITE B105-116  
DESTIN, 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, FARID  
95 SAINT FRANCIS DR N  
MIRAMAR BEACH, FL 32550 US

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

CHEKAOUI, FARID  
755 GRAND BLVD., SUITE B105-116  
DESTIN, 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

02/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM

Name: FARID CHEKAOUI MD PA

Address: 755 GRAND BLVD., SUITE B105-116

City-St-Zip: DESTIN, 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

MGRM

02/12/2012

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