

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000111312

Entity Name: SOUTH OBT MEDICAL LLC

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

**Current Principal Place of Business:**

11183 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

11183 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

QURESHI, IMTIAZ  
11183 SOUTH OBT SUITE A  
ORLANDO, FL FL US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: QURESHI, IMTIAZ  
Address: 8767 SOUTHERN BREEZE DR  
City-St-Zip: ORLANDO, FL 32836

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: IMTIAZ QURESHI

MGRM

04/12/2012

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