

2013 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A10000000488

Entity Name: SELEME INTERNAL MEDICINE, LLLP

Current Principal Place of Business:

8 WEST CYPRESS TERRACE
KEY WEST, FL 33040

Current Mailing Address:

8 WEST CYPRESS TERRACE
KEY WEST, FL 33040 US

FEI Number: 27-3351972

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RARICK & ASSOCIATES PA
6500 COWPEN RD
204
MIAMI LAKES, FL 33014 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

General Partner Detail :

Document #

Name SELEME, CARLA Y

Address 8 WEST CYPRESS TERRACE

City-State-Zip: KEY WEST FL 33040

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLA Y. SELEME _____

GENERAL PARTNER

04/23/2013

Electronic Signature of Signing General Partner Detail

_____ Date