

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000010051

**Entity Name:** LAKE MARY MEDICAL PARK, LLC

**Current Principal Place of Business:**

758 N. SUN DR.  
SUITE 104  
LAKE MARY, FL 32746

**Current Mailing Address:**

758 N. SUN DR.  
SUITE 104  
LAKE MARY, FL 32746

**FEI Number:** 01-0677464

**Certificate of Status Desired:** No

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

FATEMI, ZIA M.D.  
758 N. SUN DR.,  
SUITE 104  
LAKE MARY, FL 32746 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 MGR  
Name FATEMI, ZIA  
Address 758 N SUN DR #104  
City-State-Zip: LAKE MARY FL 32746

*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:** ZIA FATEMI

**MGR**

**01/24/2024**

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

\_\_\_\_\_  
Date