

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000074076

**Entity Name:** ALI A. BAZZI M.D., LLC

**Current Principal Place of Business:**

1700 NE 199 STREET  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

1700 NE 199 STREET  
NORTH MIAMI BEACH, FL 33179

**FEI Number:** 20-5286176

**Certificate of Status Desired:** No

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

BAZZI, ALI A  
1700 NE 199 STREET  
NORTH MIAMI BEACH, FL 33179 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	Title	MGRM
Name	BAZZI, ALI A	Name	BAZZI, BATOUL
Address	1700 NE 199 STREET	Address	1700 NE 199 STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33179	City-State-Zip:	NORTH MIAMI BEACH FL 33179

*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:** ALI BAZZI

**PRESIDENT**

**01/04/2022**

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

\_\_\_\_\_  
Date