

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000090045

**Entity Name:** OVIEDO MEDICAL, LLC

**Current Principal Place of Business:**

773 S. LK JESSUP AVE  
OVIEDO, FL 32765

**Current Mailing Address:**

773 S. LK JESSUP AVE  
OVIEDO, FL 32765

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

NASSER, BASSAM  
773 S. LK JESSUP AVE  
OVIEDO, FL 32765 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 MGRM  
Name NASSER, BASSAM I  
Address 773 S. LK JESSUP AVE  
City-State-Zip: OVIEDO FL 32765

Title MGR  
Name NASSER, SAMMY K  
Address 773 S. LK JESSUP AVE  
City-State-Zip: OVIEDO FL 32765

Title MGR  
Name NASSER, TONY J  
Address 773 S. LK JESSUP AVE  
City-State-Zip: OVIEDO FL 32765

Title MGR  
Name NASSER, NANCY L  
Address 773 S. LK JESSUP AVE  
City-State-Zip: OVIEDO FL 32765

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BASSAM NASSER

MGR

01/24/2013

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

\_\_\_\_\_  
Date