

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000097984

**Entity Name:** AMIR H. FATEMI, M.D., LLC

**Current Principal Place of Business:**

6934 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

6934 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32217

**FEI Number:** 26-4509226

**Certificate of Status Desired:** No

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

FATEMI, AMIR HM.D.  
6934 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32217 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, AMIR HMD  
Address 6934 ST. AUGUSTINE ROAD  
City-State-Zip: JACKSONVILLE FL 32217

*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:** AMIR H FATEMI

MGR

03/05/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date