

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000021086

**Entity Name:** DR ZAFAR & SHAZIA MD LLC

**Current Principal Place of Business:**

3850 WINDMILL LAKES ROAD  
WESTON, FL 33332

**Current Mailing Address:**

3850 WINDMILL LAKES ROAD  
WESTON, FL 33332 US

**FEI Number:** 26-4376368

**Certificate of Status Desired:** No

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

JUNAID, SHARON  
5401 N UNIVERSITY DR  
102  
CORAL SPRINGS, FL 33067 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	MGM
Name	ZAFAR, SHAZIA	Name	ZAFAR, NAWAZ
Address	3850 WINDMILL LAKES ROAD	Address	3850 WINDMILL LAKES ROAD
City-State-Zip:	WESTON FL 33332	City-State-Zip:	WESTON FL 33332

*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:** ZAFAR NAWAZ

**PRESIDENT**

**04/24/2017**

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

\_\_\_\_\_  
Date