PALM COAS	U LANE ST, FL 32164 US			
FEI Number: 27-2124462			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
OKONGWU, FF 8 RICHELIEU L PALM COAST,	ANE			
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	stered agent, or both, in the State of	Florida.
	d entity submits this statement for the purpose of changing its reg. E: FRANCELLE OKONGWU	istered office or regis	stered agent, or both, in the State of	Florida. 04/30/2013
		istered office or regis	stered agent, or both, in the State of	
SIGNATURE	E: FRANCELLE OKONGWU	istered office or regis	stered agent, or both, in the State of	04/30/2013
SIGNATURE	E: FRANCELLE OKONGWU Electronic Signature of Registered Agent	istered office or regis	stered agent, or both, in the State of	04/30/2013
SIGNATURE Authorized	E: FRANCELLE OKONGWU Electronic Signature of Registered Agent Person(s) Detail :			04/30/2013
SIGNATURE Authorized	E: FRANCELLE OKONGWU Electronic Signature of Registered Agent Person(s) Detail : MGRM	Title	DIRECTOR	04/30/2013

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000029193

Entity Name: FRANCELLE FANFAN, MD, LLC

## **Current Principal Place of Business:**

**8 RICHELIEU LANE** PALM COAST, FL 32164

## **Current Mailing Address:**

8 RICHELIEU I ANE

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: FRANCELLE OKONGWU

MGR

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 30, 2013 Secretary of State CC0815896651

Date