

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000080004

**Entity Name:** EMERALD COAST MEMORY CLINIC, LLC

**Current Principal Place of Business:**

755 GRAND BLVD., SUITE B105-116  
DESTIN, FL 32550

**Current Mailing Address:**

755 GRAND BLVD., SUITE B105-116  
DESTIN, FL 32550

**FEI Number: 27-3140541**

**Certificate of Status Desired: No**

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

CHEKAOUI, FARID  
755 GRAND BLVD., SUITE B105-116  
DESTIN, FL 32550 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 FARID CHEKAOUI MD PA  
Address 755 GRAND BLVD., SUITE B105-116  
City-State-Zip: DESTIN FL 32550

*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: FARID CHEKAOUI**

**MANAGING MEMBER**

**03/17/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date