

2014 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FARID CHEKAOUI, M.D.

MGRM

01/12/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date