

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000080004

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

**Current Principal Place of Business:**

755 GRAND BLVD  
STE 105B-278  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

755 GRAND BLVD  
STE 105B-278  
MIRAMAR BEACH, FL 32550 US

**FEI Number:** 27-3140541

**Certificate of Status Desired:** No

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

CHEKAOUI, FARID  
755 GRAND BLVD  
STE 105B-278  
MIRAMAR BEACH, 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  
STE 105B-278  
City-State-Zip: MIRAMAR BEACH 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 MD

MGRM

01/27/2019

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

\_\_\_\_\_  
Date