

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000111312

**Entity Name:** SOUTH OBT MEDICAL LLC

**Current Principal Place of Business:**

11183 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**Current Mailing Address:**

11183 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

QURESHI, MANSOOR  
11183 SOUTH OBT SUITE A  
ORLANDO, FL 32837 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:** QURESHI MANSOOR

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name QURESHI, IMTIAZ  
Address 9069 GREAT HERON CIRCLE  
City-State-Zip: ORLANDO FL 32836

Title VP  
Name QURESHI, TAHIRA  
Address 9069 GREAT HERON CIRCLE  
City-State-Zip: ORLANDO FL 32836

Title AUTHORIZED REPRESENTATIVE  
Name QURESHI, IMTIAZ  
Address 11183 SOUTH ORANGE BLOSSOM  
TRAIL  
City-State-Zip: ORLANDO FL 32837

*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:** QURESHI,IMTIAZ

MGRM

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date