

**FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**

DOCUMENT# L11000119244

**Entity Name:** SHAH DERMATOLOGY LLC

**Secretary of State  
CC9393130550**

**Current Principal Place of Business:**

8438 DIAMOND COVE CIRCLE  
ORLANDO, FL 32836

**Current Mailing Address:**

8438 DIAMOND COVE CIRCLE  
ORLANDO, FL 32836

**FEI Number: 45-3636575**

**Certificate of Status Desired: No**

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

SHAH, AYYAZ M  
8438 DIAMOND COVE CIRCLE  
ORLANDO, FL 32836 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 SHAH, AYYAZ M  
Address 8438 DIAMOND COVE CIRCLE  
City-State-Zip: ORLANDO FL 32836

Title MGR  
Name SHAH, HUMAIRA  
Address 8438 DIAMOND COVE CIRCLE  
City-State-Zip: ORLANDO FL 32836

*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:** \_\_\_\_\_

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date