**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 22, 2016**
**Secretary of State**
**CC7950957381**

DOCUMENT# L12000124078

**Entity Name:** BINA JAIN, M.D., LLC

**Current Principal Place of Business:**

5522 TROUBLE CREEK ROAD
SUITE 102
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

2797 ST ANDREWS BLVD
TARPON SPRINGS, FL 34689 US

**FEI Number: 35-9684210**

**Certificate of Status Desired:** No

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

JAIN, NARESH
2797 ST ANDREWS BLVD
TARPON SPRINGS, FL 34689 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 | JAIN, BINA |
| Address | 2797 ST ANDREWS BLVD |
| City-State-Zip: | TARPON SPRINGS FL 34689 |

*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: BINA JAIN MANAGER 01/22/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date