

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date