2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2015
Secretary of State
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Entity Name: ASM RAHMAN MD LLC

Current Principal Place of Business:

3386 SW 10TH TERRACE
OCALA, FL 34471

Current Mailing Address:

3386 SW 10TH TERRACE
OCALA, FL 34471

FEI Number: 46-3581525

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAHMAN, ASM M
3386 SW 10TH TERRACE
OCALA, FL 34471 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	MGR	Title	MGR
Name	RAHMAN, ASM M	Name	MALEK, EVA
Address	3386 SW 10TH TERRACE	Address	3386 SW 10TH TERRACE
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471

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: ASM M. RAHMAN MANAGER 03/06/2015

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