

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000101835

Entity Name: ATTIA MEDICAL AND FINANCIAL CONSULTING, LLC

Current Principal Place of Business:

10260 HERITAGE BAY BLVD #3515
NAPLES, FL 34120

Current Mailing Address:

10260 HERITAGE BAY BLVD #3515
NAPLES, FL 34120

FEI Number: 61-1718878

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ATTIA, ASH E
10260 HERITAGE BAY BLVD #3515
NAPLES, FL 34120 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 PRESIDENT
Name ATTIA, ASH E
Address 10260 HERITAGE BAY BLVD
 #3515
City-State-Zip: NAPLES FL 34120

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: ASH E. ATTIA

PRESIDENT

03/26/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date