

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000176212

**Entity Name:** SOUTH FLORIDA INTERNAL MEDICINE, PLLC

**Current Principal Place of Business:**

607 NE 11TH AVE  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

607 NE 11TH AVE  
FORT LAUDERDALE, FL 33304 US

**FEI Number:** 47-2738781

**Certificate of Status Desired:** Yes

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

BUSINESS FILINGS INCORPORATED  
515 E PARK AVENUE  
TALLAHASSEE, FL 32301 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  
Name TIRMAL, VIRAJ VIJAY  
Address 607 NE 11TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33304

*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:** VIRAJ VIJAY TIRMAL

MANAGER

03/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date