

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000120548

Entity Name: SAIRA ANIS MD LLC

Current Principal Place of Business:

6401 SANTA MONICA AVE
APT. 2121
ALBUQUERQUE, NM 87109

Current Mailing Address:

6401 SANTA MONICA AVE
APT. 2121
ALBUQUERQUE, NM 87109 US

FEI Number: 81-3095545

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANIS, SAIRA MD
540 TRINITY LANE NORTH
APT. 1308
SAINT PETERSBURG, FL 33716 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 AMBR
Name ANIS, SAIRA MD
Address 6401 SANTA MONICA AVE
APT. 2121
City-State-Zip: ALBUQUERQUE NM 87109

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: SAIRA ANIS

PHYSICIAN

04/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date