

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000160985

**Entity Name:** DOC IN A BOX, LLC

**Current Principal Place of Business:**

5485 FIRETHORN POINT  
SPRING HILL, FL 34609

**Current Mailing Address:**

5485 FIRETHORN POINT  
SPRING HILL, FL 34609 US

**FEI Number: 81-3709738**

**Certificate of Status Desired: No**

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

MUDDASSIR, SALMAN M MD  
5485 FIRETHORN POINT  
SPRING HILL, FL 34609 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:** SALMAN MUDDASSIR

01/16/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MUDDASSIR, SALMAN M MD  
Address 5485 FIRETHORN POINT  
City-State-Zip: SPRING HILL FL 34609

Title AMBR  
Name BOKHARI, HASSAN B MD  
Address 5401 BRITWELL COUTRT  
City-State-Zip: TEMPA FL 33624

Title AMBR  
Name MALIK, KASHIF N MD  
Address 5 RADKE FRIVE  
City-State-Zip: NEWARK DE 19702

*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:** MUDDASSIR SALMAN M,MD

PRESIDENT

01/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date