

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000109974

**Entity Name:** AAI MEDICAL PLLC

**Current Principal Place of Business:**

100 NW 108TH TERRACE  
APT 206  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

14418 HOLCOMB AVE  
URBAN DALE, IA 50323 US

**FEI Number:** 82-5471890

**Certificate of Status Desired:** No

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

ALKHATIB, FADI H DR.  
100 NW 108TH TERRACE  
APT 206  
PEMBROKE PINES, FL 33026 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:** FADI ALKHATIB

03/15/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ALKHATIB, FADI H DR.  
Address 14418 HOLCOMB AVE  
City-State-Zip: URBAN DALE IA 50323

*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:** FADI H ALKHATIB

MGR

03/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date