

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000279024

**Entity Name:** FAUZIA N. RANA MD PLLC

**Current Principal Place of Business:**

8572 SWEET MAGNOLIA PLACE  
SEMINOLE, FL 33777

**Current Mailing Address:**

8572 SWEET MAGNOLIA PLACE  
SEMINOLE, FL 33777 US

**FEI Number:** 83-2758063

**Certificate of Status Desired:** No

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

RANA, FAUZIA  
10136 DEERCREEK CLUB ROAD EAST  
JACKSONVILLE, FL 32256 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 RANA, FAUZIA  
Address 4446-1A HENDRICKS AVE  
SUITE 245  
City-State-Zip: JACKSONVILLE FL 32207

*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:** FAUZIA RANA

MGR

04/13/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date