

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000014847

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** ZABUNNISSA VYAS, MD, PL

**Current Principal Place of Business:**

320 W SABAL PALM PLACE  
SUITE 300  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 915201  
LONGWOOD, FL 32791

**New Mailing Address:**

P.O. BOX 915201  
SUITE 300  
LONGWOOD, FL 32791

**FEI Number:** 20-1151763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STROGIS, ROBERT  
320 W. SABAL PALM PLACE  
SUITE 300  
LONGWOOD, FL 32779 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VYAS, ZABUNNISSA MD  
Address: 320 W SABAL PALM PLACE, SUITE 300  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ZABUNNISSA VYAS

MRGM

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date