

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000019033

1. Entity Name
M.A. FAISAL, M.D., L.L.C.



Principal Place of Business
**1283 SW STATE ROAD 47, STE 104
LAKE CITY, FL 32025**

Mailing Address
**POST OFFICE BOX 3009
LAKE CITY, FL 32056-3009**



01112006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
31-9623979

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FAISAL, MOHAMMAD A M.D.
1283 SW STATE ROAD 47, STE 104
LAKE CITY, FL 32025**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FAISAL, MOHAMMAD A PO BOX 3009 LAKE CITY, FL 32056
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02/02/06-80056-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

1/12/06 (386) 758-5985

Office

Daytime Phone #