

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019033

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

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

1283 SW STATE ROAD 47, STE 104
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3009
LAKE CITY, FL 320563009

New Mailing Address:

FEI Number: 31-9623979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAISAL, MOHAMMAD A M.D.
1283 SW STATE ROAD 47, STE 104
LAKE CITY, FL 32025 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 () Delete
Name: FAISAL, MOHAMMAD A
Address: PO BOX 3009
City-St-Zip: LAKE CITY, FL 32056

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: M.A. FAISAL, M.D.

MGRM

01/12/2009

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