

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000019033

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

**FILED**  
**Feb 11, 2010**  
**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  
Name: FAISAL, MOHAMMAD A  
Address: PO BOX 3009  
City-St-Zip: LAKE CITY, FL 32056

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: MOHAMMAD A. FAISAL, M.D.

MGRM

02/11/2010

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