

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042562

**FILED**  
**Apr 08, 2009**  
**Secretary of State**

**Entity Name:** NAFISA A. TEJPAR, M.D., PL

**Current Principal Place of Business:**

2501 N. ORANGE AVENUE, SUITE 513  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

2501 N. ORANGE AVENUE, SUITE 513  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 59-2101487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAFISA, TEJPAR  
2501 N. ORANGE AVE  
513  
ORLANDO, FL 32804 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: MGR ( ) Delete  
Name: TEJPAR, NAFISA M.D.  
Address: 2501 N. ORANGE AVE., SUITE 513  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TEJPAR, NAFISA M.D.  
Address: 2501 N. ORANGE AVE., SUITE 513  
City-St-Zip: ORLANDO, FL 32804

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: NAFISA TEJPAR

MGRM

04/08/2009

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