

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000026742

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** SALEEM HEALTHCARE, L.L.C

**Current Principal Place of Business:**

8227 LAKE SERENE DR  
ORLANDO, FL 32836 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX : - 930  
WINDERMERE, FL 34786 US

**New Mailing Address:**

**FEI Number:** 20-1069369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALEEM, MUHAMMAD A  
8227 LAKE SERENE DR  
ORLANDO, FL 32836 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:** SALEEM, MUHAMMAD A  
**Address:** P.O.BOX:- 930  
**City-St-Zip:** WINDERMERE, FL 32836

**Title:** MGRM  
**Name:** KHAN, SAMINA N  
**Address:** P.O.BOX: - 930  
**City-St-Zip:** WINDERMERE, FL 32836

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:** MUHAMMAD ABRAR SALEEM

MGRM

04/28/2011

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