


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90040 009 ***150.00

DOCUMENT # L05000071234		
1. Entity Name MULTIPLE MEDICAL SPECIALIST, LLC		
Principal Place of Business 5115 ORTEGA FARMS BOULEVARD JACKSONVILLE, FL 32210		Mailing Address 5115 ORTEGA FARMS BOULEVARD JACKSONVILLE, FL 32210
2. Principal Place of Business - No P.O. Box # 7685 103rd St.	3. Mailing Address 7685 103rd St	
Suite, Apt. #, etc. Suite #1	Suite, Apt. #, etc. Suite #1	
City & State Jacksonville, Florida	City & State Jacksonville, Florida	
Zip 32210	Country United States	Zip 32210
Country United States		
6. Name and Address of Current Registered Agent		
HUSSAIN, SYED S 5115 ORTEGA FARMS BLVD. JACKSONVILLE, FL 32210 7685 103rd St #1 Jacksonville, FL 32210		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUSSAIN, SYED S 7628-7 103RD STREET JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	MGR Hussain, Syed S 7685 103rd St Jacksonville, FL 32210
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 608, Florida Statutes.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		
Date _____ Daytime Phone # _____		

10010000



04172007 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FL

Zip Code

☒ Change ☐ Addition

☐ Change ☐ Addition

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