

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000033212

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** SHEHATA MEDICAL ASSOCIATES

**Current Principal Place of Business:**

4300 NORTH OCEAN BLVD,  
2P  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4300 NORTH OCEAN BLVD,  
2P  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 20-4835290

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHEHATA, AHMED DR.  
4300 NORTH OCEAN BLVD  
2P  
FORT LAUDERDALE, FL 33308 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  
Name: SHEHATA, AHMED DR.  
Address: 4300 NORTH OCEAN , 2P  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: AHMED SHEHATA

P

04/19/2010

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