

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000033212

**FILED**  
**Jun 20, 2012**  
**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:**

SHEHATA, AHMED  
4300 NORTH OCEAN BLVD  
2P  
FORT LAUDERDALE, FL 33308 US

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: AHMED SHEHATA

06/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SHEHATA, AHMED  
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

PRES

06/20/2012

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