

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066587

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** ZEE MEDICAL, LLC

**Current Principal Place of Business:**

12544 CLASSIC DR.  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

12544 CLASSIC DR.  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number:** 20-5140433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAHMOOD, ZEESHAN A  
12544 CLASSIC DRIVE  
CORAL SPRINGS, FL 33071 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:** MAHMOOD, ZEEHAN A  
**Address:** 12544 CLASSIC DR.  
**City-St-Zip:** CORAL SPRINGS, FL 33071

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: ZEESHAN MAHMOOD

MR

03/23/2012

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