

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000074076

Entity Name: ALI A. BAZZI M.D., LLC

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1700 NE 199 STREET  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1700 NE 199 STREET  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

FEI Number: 20-5286176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAZZI, ALI A  
1700 NE 199 STREET  
NORTH MIAMI BEACH, FL 33179 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: BAZZI, ALI A  
Address: 1700 NE 199 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGRM  
Name: BAZZI, BATOUL  
Address: 1700 NE 199 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: ALI A BAZZI

MGR

03/31/2012

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