

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000104380

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** ENAS G. ISKANDER PEDIATRICS, LLC

**Current Principal Place of Business:**

400 CLYDE MORRIS BLVD,  
STE. A  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

400 CLYDE MORRIS BLVD,  
STE. A  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 20-5792223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRADEN, LISA  
4623 FOREST HILL BLVD  
STE. 111  
WEST PALM BEACH, FL 33415 US

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

A.M.CUPOLO & COMPANY,P.A.  
410 N HALIFAX AVENUE  
SUITE D  
DAYTONA BEACH, FL 32118 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: TONY CUPOLO

04/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ISKANDER, ENAS  
Address: 1199 N. HALIFAX AVE.  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGRM  
Name: ISKANDER, ENAS G MGRM  
Address: 1199 N HALIFAX AVE  
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: MGR  
Name: ISKANDER, RAFAT S MGR  
Address: 1199 N HALIFAX AVE  
City-St-Zip: DAYTONA BEACH, FL 32118 US

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: ENAS ISKANDER

MGRM

04/04/2011

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