

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000104380

**FILED**  
**Mar 19, 2012**  
**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:**

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

03/19/2012

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