

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000034226

**Entity Name:** FATEMEH MOUSAVI, M.D., LLC

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

18152 CLEAR BROOK CIRCLE  
BOCA RATON, FL 33498

**New Principal Place of Business:**

10425 AVENIDA DEL RIO  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

18152 CLEAR BROOK CIRCLE  
BOCA RATON, FL 33498

**New Mailing Address:**

10425 AVENIDA DEL RIO  
DELRAY BEACH, FL 33446

FEI Number: 20-8825857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MOUSAVI, FATEMEH M.D.  
18152 CLEAR BROOK CIRCLE  
BOCA RATON, FL 33498 US

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

MOUSAVI, FATEMEH R M.D.  
10425 AVENIDA DEL RIO  
DELRAY BEACH, FL 33446 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: FATEMEH MOUSAVI MD

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MOUSAVI, FATEMEH R M.D.  
Address: 10425 AVENIDA DEL RIO  
City-St-Zip: DELRAY BEACH, FL 33446

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: FATEMEH MOUSAVI MD

MGRM

04/25/2012

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