

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035173

Entity Name: FNS LLC

FILED  
Aug 25, 2011  
Secretary of State

**Current Principal Place of Business:**

817 TRIANA STREET  
WEST PALM BEACH, FL 33413 US

**New Principal Place of Business:**

5786 SUGARCANE LANE  
LAKE WORTH, FL 33449 US

**Current Mailing Address:**

817 TRIANA STREET  
WEST PALM BEACH, FL 33413 US

**New Mailing Address:**

5786 SUGARCANE LANE  
LAKE WORTH, FL 33449 US

FEI Number: 20-8804788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KHAN, SHAHZAD Y  
817 TRIANA STREET  
WEST PALM BEACH, FL 33413 US

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

AHMED, FAROOQ  
4562 HUNTING TRAIL  
LAKE WORTH, FL 33467 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: FA

08/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHAHZAD KHAN MD PA  
Address: 817 TRIANA STREET  
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: MGR  
Name: FAROOQ AHMED MD  
Address: 4562 HUNTING TRAIL  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR  
Name: NEMAT, EJAZ  
Address: 334 OCTOBER STREET  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR  
Name: THE CLINIC LLC  
Address: 319 SEPTEMBER STREET  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: SHAHZAD KHAN

MGRM

08/25/2011

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