

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000020266

Entity Name: IRFAN R. IMAMI, M.D., P.L.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1140 BROADBAND DRIVE  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 819  
MELBOURNE, FL 32902

**New Mailing Address:**

FEI Number: 80-0155542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KAPLAN, HAROLD E ESQ.  
1515 UNIVERSITY DRIVE, SUITE 201  
CORAL SPRINGS, FL 33071 US

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

MILUCKY, JAMES J CPA  
1280 US HIGHWAY 1  
MALABAR, FL 32950 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: JAMES J. MILUCKY CPA

04/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR  
Name: IMAMI, IRFAN R MD  
Address: P O BOX 819  
City-St-Zip: MELBOURNE, FL 32902 US

Title: MGR  
Name: IMAMI, EMRAN R MD  
Address: P O BOX 819  
City-St-Zip: MELBOURNE, FL 32902 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: IRFAN IMAMI

MGMR

04/26/2012

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