

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000009688

Entity Name: A. HUDAIHED, MD, LLC

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

221 MCKENZIE AVENUE  
PANAMA CITY, FL 32401 US

**New Principal Place of Business:**

2202 STATE AVE  
104  
PANAMA CITY, FL 32405 US

**Current Mailing Address:**

P. O. BOX 1779  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

2202 STATE AVE  
104  
PANAMA CITY, FL 32405 US

FEI Number: 26-4151416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUDAIHED, ALHAKAM  
221 MCKENZIE AVENUE  
PANAMA CITY, FL 32401 US

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

HUDAIHED, ALHAKAM  
2202 STATE AVE  
104  
PANAMA CITY, FL 32405 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: \_\_\_\_\_

02/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HUDAIHED, ALHAKAM  
Address: P. O. BOX 1779  
City-St-Zip: LYNN HAVEN, FL 32444 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: HAKAM HUDAIHED

MD

02/18/2010

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