

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000059002

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** OSCEOLA MEDICAL ASSOCIATES, LLC

**Current Principal Place of Business:**

1600 BUDINGER AVENUE  
SUITE A  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

1600 BUDINGER AVENUE  
SUITE A  
ST. CLOUD, FL 34769

**New Mailing Address:**

**FEI Number:** 27-0383859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUSSAIN, BASHARAT M.D.  
1600 BUDINGER AVENUE  
SUITE A  
ST. CLOUD, FL 34769 US

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

ABDUL, LODHI M.D.  
1600 BUDINGER AVENUE  
SUITE A  
ST. CLOUD, FL 34769 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: ABDUL LODHI

02/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ABDUL B. LODHI, M.D., P.A.  
Address: 1600 BUDINGER AVENUE, SUITE A  
City-St-Zip: ST, CLOUD, FL 34769 US

Title: MGRM  
Name: BASHARAT HUSSAIN, M.D., P.A.  
Address: 1600 BUDINGER AVENUE, SUITE A  
City-St-Zip: ST. CLOUD, FL 34769 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: ABDUL LODHI

MGRM

02/23/2011

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