

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000085611

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** OSCEOLA MEDICAL PLAZA LLC

**Current Principal Place of Business:**

1000 MANN STREET  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

1000 MANN STREET  
KISSIMMEE, FL 34741

**New Mailing Address:**

**FEI Number:** 27-3330827

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAIZ, FAIZ A  
5468 PARADISE CAY CIRCLE  
KISSIMMEE, FL 34746 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FAIZ, RIFFAT  
**Address:** 5468 PARADISE CAY CIR  
**City-St-Zip:** KISSIMMEE, FL 34746

**Title:** MGRM  
**Name:** FAIZ, FAIZ A  
**Address:** 5468 PARADISE CAY CIR.  
**City-St-Zip:** KISSIMMEE, FL 34746

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:** FAIZ A FAIZ

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03/08/2011

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