

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000104903

Entity Name: RABIH LOUTFI, M.D., LLC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3751 EAGLE HAMMOCK DRIVE  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

3751 EAGLE HAMMOCK DRIVE  
SARASOTA, FL 34240

**New Mailing Address:**

FEI Number: 27-3847164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOUTFI, RABIH Q  
3751 EAGLE HAMMOCK DRIVE  
SARASOTA, FL 34240 US

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

LOUTFI, RABIH  
3751 EAGLE HAMMOCK DRIVE  
SARASOTA, FL 34240 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: RABIH LOUTFI

04/20/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LOUTFI, RABIH  
Address: 3751 EAGLE HAMMOCK DRIVE  
City-St-Zip: SARASOTA, FL 34240

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: RABIH LOUTFI

DR

04/20/2011

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