2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2012
Secretary of State

DOCUMENT# L11000043105

Entity Name: SHAIKH INTERNAL MEDICINE, LLC

Current Principal Place of Business:

2504 ACORN STREET
SUITE A
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

2504 ACORN STREET
SUITE A
FORT PIERCE, FL 34947

New Mailing Address:

FEI Number: 65-0810263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAIKH, LIAQUDDIN M.D.
2504 ACORN STREET
SUITE A
FORT PIERCE, FL 34947 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: MGR
Name: SHAIKH, LIAQUDDIN M.D.
Address: 2504 ACORN STREET, SUITE A
City-St-Zip: FORT PIERCE, FL 34947

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 Statues.

SIGNATURE: LIAQUDDIN SHAIKH,M.D. OWNE 02/01/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date