

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000088580

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** TRICOUNTY MEDICAL ASSOCIATION,LLC

**Current Principal Place of Business:**

5150 MAJESTIC WOODS PLACE  
SANFORD,FL, 32771 US

**New Principal Place of Business:**

5150 MAJESTIC WOODS PLACE  
SANFORD, FL 32771 US

**Current Mailing Address:**

5150 MAJESTIC WOODS PLACE  
SANFORD,FL, 32771 US

**New Mailing Address:**

5150 MAJESTIC WOODS PLACE  
SANFORD, FL 32771 US

FEI Number: 45-2885204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KHURSHID, SYED G DR  
5150 MAJESTIC WOODS PLACE  
SANFORD,FL, FL 32771 US

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

KHURSHID, SYED G DR  
5150 MAJESTIC WOODS PLACE  
SANFORD, FL 32771 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: SYED KHURSHID

02/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AHMED, UZMA DR  
Address: 5150 MAJESTIC WOODS PLACE  
City-St-Zip: SANFORD, FL 32771 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: UZMA AHMED

DR

02/07/2012

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