

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000108395

Entity Name: FARAH MEDICAL, LLC

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3581 S OCEAN BLVD.  
4F  
PALM BEACH, FL 33480 US

**New Principal Place of Business:**

**Current Mailing Address:**

3581 S OCEAN BLVD.  
4F  
PALM BEACH, FL 33480 US

**New Mailing Address:**

FEI Number: 45-3359857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NANA, MAHER M DR  
3581 S OCEAN BLVD.  
4F  
PALM BEACH, FL 33480 US

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

NANA, MAHER DR  
3581 S OCEAN BLVD.  
4F  
PALM BEACH, FL 33480 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: MAHER NANA

04/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NANA, MAHER DR  
Address: 3581 S OCEAN BLVD. APT 4F  
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM  
Name: ARANSAENZ, NATALIE J  
Address: 3581 S OCEAN BLVD. APT 4F  
City-St-Zip: PALM BEACH, FL 33480

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: MAHER NANA

MGR

04/16/2012

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