

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000016198

**Entity Name:** JOHN YOUNG FAMILY MEDICAL CENTER, LLC

**Current Principal Place of Business:**

5308 SOUTH JOHN YOUNG PARKWAY  
SUITE 200  
ORLANDO, FL 32839

**Current Mailing Address:**

5308 SOUTH JOHN YOUNG PARKWAY  
SUITE#200  
ORLANDO, FL 32839

**FEI Number:** 01-0670885

**Certificate of Status Desired:** Yes

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

ALI, RAZA  
5308 SOUTH JOHN YOUNG PARKWAY STE 200  
SUITE 200  
ORLANDO, FL 32839 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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	D	Title	MGRM
Name	ALI, RAZA	Name	KHAN, JASEEM
Address	5308 SOUTH JOHN YOUNG PARKWAY, STE 200	Address	5308 SOUTH JOHN YOUNG PARKWAY STE 200
City-State-Zip:	ORLANDO FL 32839	City-State-Zip:	ORLANDO FL 32839

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAZA ALI

**PRESIDENT**

**03/06/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date