

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000063090

**Entity Name:** FIONA O. AZUBUIKE, M.D., PLLC

**Current Principal Place of Business:**

345 OCEAN DRIVE  
APT. # 819  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

345 OCEAN DRIVE  
APT. # 819  
MIAMI BEACH, FL 33139 US

**FEI Number:** 26-2901866

**Certificate of Status Desired:** Yes

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

AZUBUIKE, FIONA OMD  
345 OCEAN DRIVE  
APT. # 819  
MIAMI BEACH, FL 33139 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 MGRM  
Name AZUBUIKE, FIONA OMD  
Address 345 OCEAN DRIVE  
APT. # 845  
City-State-Zip: MIAMI BEACH FL 33139

*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:** FIONA O AZUBUIKE

**MANAGER**

**06/07/2014**

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

\_\_\_\_\_  
Date