2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2013
Secretary of State
CC2375024597

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Entity Name: A. O. RIFAI, MD, LLC

Current Principal Place of Business:

121 COTTONWOOD CIRCLE
LYNN HAVEN, FL 32444

Current Mailing Address:

P. O. BOX 1750
LYNN HAVEN, FL 32444 US

FEI Number: 26-3742991

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIFAI, AHMAD OMD
121 COTTONWOOD CIRCLE
LYNN HAVEN, FL 32444 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	RIFAI, AHMAD OMD
Address	P. O. BOX 1750
City-State-Zip:	LYNN HAVEN FL 32444

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AHMAD O. RIFAI, MD MGR 03/31/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date