

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000038359

Entity Name: HAMID M. FINI, D.M.D., P.L.

Current Principal Place of Business:

31980 US 19 NORTH STE 460
PALM HARBOR, FL 34684

Current Mailing Address:

31980 US 19 NORTH STE 460
PALM HARBOR, FL 34684

FEI Number: 26-4727524

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AEBEL, ERIN SESQ
101 EAST KENNEDY BLVD STE 2800
TAMPA, FL 33602 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 FINI, HAMID MDMD
Address 31980 US 19 NORTH STE 460
City-State-Zip: PALM HARBOR FL 34684

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: HAMID M FINI

PRESIDENT

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date