

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:** HAMIDM FINI

**PRESIDENT**

**06/10/2014**

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

\_\_\_\_\_  
Date