SAND LAKE SHORES CT NDO, FL 32836 US				
bove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
NATURE:	SUALEH K ASHRAF			06/29/2
	Electronic Signature of Registered Agent			Date
norized Person(s) Detail :				
	MGR	Title	MGR	
Э	ASHRAF, SUALEH K DR.	Name	ASHRAF, SUALEH K DR.	
ess	8449 SAND LAKE SHORES CT	Address	8449 SAND LAKE SHORES CT	

# DOCUMENT# L09000111852 Entity Name: BORN AGAIN DOCTOR, LLC.

#### **Current Principal Place of Business:**

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

8449 SAND LAKE SHORES CT ORLANDO, FL 32836

#### **Current Mailing Address:**

8449 SAND LAKE SHORES CT ORLANDO, FL 32836 US

# FEI Number: 27-1013073

## Name and Address of Current Registered Agent:

ASHRAF, SUALEH K DR. 8449 S ORLAN

### SIGN 2020 te Auth Title Name Addres City-State-Zip: ORLANDO FL 32836 City-State-Zip: ORLANDO FL 32836

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: SUALEH DOCTOR-MEDICAL ASHRAF

OWNER

06/29/2020 Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No