

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000099768

Entity Name: NIBHA MEDIRATTA MD, PL

Current Principal Place of Business:

1950 HOSPITAL VIEW WAY
CLERMONT, FL 34711

Current Mailing Address:

1950 HOSPITAL VIEW WAY
CLERMONT, FL 34711 US

FEI Number: 27-3534091

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEDIRATTA, NIBHA
1950 HOSPITAL VIEW WAY
CLERMONT, FL 34711 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 MEDIRATTA, NIBHA
Address 1950 HOSPITAL VIEW WAY
City-State-Zip: CLERMONT FL 34711

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: NIBHA MEDIRATTA

PRES

04/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date