

**2015 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NIBHA MEDIRATTA

MGRM

04/27/2015

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

\_\_\_\_\_ Date