

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000043105

Entity Name: SHAIKH INTERNAL MEDICINE, LLC

Current Principal Place of Business:

2504 ACORN STREET
SUITE A
FORT PIERCE, FL 34947

Current Mailing Address:

2504 ACORN STREET
SUITE A
FORT PIERCE, FL 34947

FEI Number: 65-0810263

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SHAIKH, LIAQUDDIN M.D.
2504 ACORN STREET
SUITE A
FORT PIERCE, FL 34947 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 MGR
Name SHAIKH, LIAQUDDIN M.D.
Address 2504 ACORN STREET, SUITE A
City-State-Zip: FORT PIERCE FL 34947

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: LIAQUDDIN SHAIKH, MD

MGR

04/17/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date