

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000089418

**Entity Name:** IMRAN MALIK, MD, LLC.

**Current Principal Place of Business:**

8515 S. US HIGHWAY 1  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

8515 S. US HIGHWAY 1  
PORT SAINT LUCIE, FL 34952

**FEI Number:** 45-2914168

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MALIK, IMRAN MD  
8515 S US HIGHWAY 1  
SUITE 3  
PORT SAINT LUCIE, FL 34952 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 MALIK, IMRAN MD IMRAN MALIK  
Address 8515 S US HIGHWAY 1  
SUITE 3  
City-State-Zip: PORT SAINT LUCIE FL 34952

*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:** IMRAN MALIK

MGRM

03/10/2019

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

\_\_\_\_\_ Date