

2016 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
362 NW SHEFFIELD CIR
PORT SAINT LUCIE, FL 34983 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
Address 362 NW SHEFFIELD CIR
City-State-Zip: PORT SAINT LUCIE FL 34983

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

OWNER

03/03/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date