

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000108395

**Entity Name:** FARAH MEDICAL, LLC

**Current Principal Place of Business:**

1400 NE MIAMI GARDENS DRIVE  
#105  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

1400 NE MIAMI GARDENS DRIVE  
#105  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number:** 45-3359857

**Certificate of Status Desired:** No

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

NANA, MAHER DR  
1400 NE MIAMI GARDENS DRIVE  
#105  
NORTH MIAMI BEACH, FL 33179 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 NANA, MAHER DR  
Address 1400 NE MIAMI GARDENS DRIVE  
#105  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title MGRM  
Name ARANSAENZ, NATALIE J  
Address 1400 NE MIAMI GARDENS DRIVE  
#105  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*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:** DR MAHER NANA

MGR

04/30/2021

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

\_\_\_\_\_  
Date