

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000057446

Entity Name: NOORANI MEDICAL CENTER, LLC

Current Principal Place of Business:

10924 BLOOMINGDALE AVE
RIVERVIEW, FL 33578

Current Mailing Address:

10924 BLOOMINGDALE AVE
RIVERVIEW, FL 33578 US

FEI Number: 45-5202220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOORANI, NAZNEEN
10924 BLOOMINGDALE AVE
RIVERVIEW, FL 33578 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 NOORANI, NAZNEEN
Address 10924 BLOOMINGDALE AVENUE
City-State-Zip: RIVERVIEW FL 33578

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: NAZNEEN NOORANI

OWNER

04/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date