

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000057446

Entity Name: NOORANI MEDICAL CENTER, LLC

Current Principal Place of Business:

4320 BELL SHOALS ROAD
VALRICO, FL 33596

Current Mailing Address:

4320 BELL SHOALS ROAD
VALRICO, FL 33596

FEI Number: 45-5202220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOORANI, NAZNEEN MD
4320 BELL SHOALS ROAD
VALRICO, FL 33596 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 4320 BELL SHOALS ROAD
City-State-Zip: VALRICO FL 33596

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: NAZNEEN NOORANI

MD

03/27/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date