2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2014
Secretary of State
CC9016771868

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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: Yes

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NAZNEEN NOORANI MD 04/17/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date