

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000108111

Entity Name: RIGHTPATIENT, LLC

Current Principal Place of Business:

1050 CROWN POINTE PKWY
#850
ATLANTA, GA 30338

Current Mailing Address:

1050 CROWN POINTE PKWY
#850
ATLANTA, GA 30338 US

FEI Number: 47-3577353

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALAM, MOHAMMAD F
4060 W SILVERADO CIR
DAVIE, FL 33024 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 EXECUTIVE CHAIRPERSON,
MANAGER
Name SULTANA, KHONDKER F
Address 325 WEMBLEY CIRCLE
City-State-Zip: ATLANTA GA 30328

Title CEO, MANAGER
Name RAHMAN, ABU M
Address 325 WEMBLEY CIRCLE
City-State-Zip: ATLANTA GA 30328

Title PRESIDENT
Name TRADER, MICHAEL N
Address 1050 CROWN POINTE PKWY
#850
City-State-Zip: ATLANTA GA 30338

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: SULTANA , KHONDKER F

MANAGER

01/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date