

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000135028

**FILED  
Apr 12, 2015  
Secretary of State  
CC3634710179**

**Entity Name:** MOHAMMED ASIF MD, PLLC

**Current Principal Place of Business:**

2575 S. VOLUSIA AVE.  
STE. 300  
ORANGE CITY, FL 32763

**Current Mailing Address:**

2575 S. VOLUSIA AVE.  
STE. 300  
ORANGE CITY, FL 32763

**FEI Number:** 46-1245434

**Certificate of Status Desired:** No

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

ASIF, MOHAMMED  
2575 S. VOLUSIA AVE.  
STE. 300  
ORANGE CITY, FL 32763 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	Title	MGRM
Name	ASIF, MOHAMMED	Name	ASIF, MAHNAZ
Address	2575 S. VOLUSIA AVE. STE. 300	Address	115 LAMORAK LANE
City-State-Zip:	ORANGE CITY FL 32763	City-State-Zip:	MAITLAND FL 32751

*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: MOHAMMED ASIF** **MGRM** **04/12/2015**  
\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date