

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000034845

Entity Name: RIMAWI MEDICAL CONSULTING, PLLC

Current Principal Place of Business:

17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

Current Mailing Address:

PO BOX 690445
ORLANDO, FL 32869

FEI Number: 46-5035003

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 AUTHORIZED REPRESENTATIVE
Name ESTILL & LONG, LLC
Address 55 MADISON STREET
 SUITE 530
City-State-Zip: DENVER CO 80206

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: NIDAL EL RIMAWI

PRESIDENT

02/24/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date