# 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.

PRSD

SIGNATURE: ROYA ROSE BORJIAN

Electronic Signature of Signing Authorized Person(s) Detail

# FEI Number: 81-0703487 Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST 4TH FLOOR MIAMI, FL 33145 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: NATALIA UTRERA

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title
MGR

Name
BORJIAN, ROYA R MD

Address
201 174TH STREET APT 1006

Out of the Street state st

City-State-Zip: SUNNY ISLES BEACH FL 33160

FILED Apr 04, 2017 Secretary of State CC0251543390

Certificate of Status Desired: No

04/04/2017

Date

04/04/2017 Date

## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L15000197549

Entity Name: ROYA ROSE BORJIAN INTERNAL MEDICINE, M.D., LLC

## Current Principal Place of Business:

201 174TH STREET APT 1006 SUNNY ISLES BEACH, FL 33160

## Current Mailing Address:

201 174TH STREET APT 1006 SUNNY ISLES BEACH, FL 33160 US