

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000215888

Entity Name: IBRAHIM HEART CLINIC, PLLC

Current Principal Place of Business:

11481 OLD ST. AUGUSTINE RD
SUITE 303
JACKSONVILLE, FL 32258

Current Mailing Address:

11481 OLD ST. AUGUSTINE RD
SUITE 303
JACKSONVILLE, FL 32258 US

FEI Number: 81-4572460

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS COURT
SUITE A
TAMPA, FL 33612 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 MANAGER
Name IBRAHIM, MORHAF
Address 231 PAYASADA CIRCLE
City-State-Zip: PONTE VEDRA BEACH FL 32082

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: MORHAF IBRAHIM

MD

06/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date