## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000215888

Entity Name: IBRAHIM HEART CLINIC, PLLC

**Current Principal Place of Business:** 

5150 BELFORT RD BLDG 400 JACKSONVILLE, FL 32256 Feb 07, 2025 Secretary of State 0271811585CC

**FILED** 

## **Current Mailing Address:**

5150 BELFORT RD BLDG 400 JACKSONVILLE, FL 32256 US

FEI Number: 81-4572460 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. 476 RIVERSIDE AVE. JACKSONVILLE, FL 32202 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 MR

Name WEISZ, ERIC J

Address 5150 BELFORT ROAD

**BLDG 400** 

City-State-Zip: JACKSONVILLE FL 32256

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: ERIC WEISZ 02/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date