

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000010862

**Entity Name:** MOHAMMED A HOSSAIN MD, LLC

**Current Principal Place of Business:**

5045 LAKEWALK DR APT 218  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

5045 LAKEWALK DR APT 218  
WINTER GARDEN, FL 34787 US

**FEI Number:** 81-5022978

**Certificate of Status Desired:** Yes

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

HOSSAIN, MOHAMMED A  
5045 LAKEWALK DR APT 218  
WINTER GARDEN, FL 34787 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            CEO  
Name            HOSSAIN, MOHAMMED A  
Address        5045 LAKEWALK DR APT 218  
City-State-Zip: WINTER GARDEN FL 34787

*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 HOSSAIN

CEO

02/15/2020

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date