

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000005264

**Entity Name:** MEDIHAUS MEDICAL SERVICES LLC

**Current Principal Place of Business:**

301 W. PLATT ST., STE. A 405  
TAMPA, FL 33606

**Current Mailing Address:**

301 W. PLATT ST., STE. A 405  
TAMPA, FL 33606 US

**FEI Number: 86-3680379**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	MGR	Title	MGR
Name	FAKHRI, RANA	Name	FAKHRI, HESHAM
Address	301 W. PLATT ST., STE. A 405	Address	301 W. PLATT ST., STE. A 405
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606

*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: RANA FAKHRI** \_\_\_\_\_

**MEMBER**

**02/15/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date