R. Kyle Ardoin Secretary of State



LIMITED LIABILITY COMPANY ANNUAL REPORT

For Period Ending

7/2/2018





Mailing Address Only (INDICATE CHANGES TO THIS ADDRESS IN THIS BOX)

40876574 K

NSIKAN ST. MARTIN M.D. LLC

E MADOLIIE MANOD

(INDICATE CHANGES TO THIS ADDRESS IN THIS BOX)

(Do not use P. O. Box)

Registered Office Address in Louisiana

6 MARQUIS MANOR

MORGAN CITY, LA 70380

6 MARQUI				
WORGAN	CITY, LA 70380			Federal Tax ID Number
NEW REGISTE NSIKAN S	ate the following registered agents for the company. Indicate any of the c	 changes or deletions below. All ago	ents must have a Louisiana ad	dress. Do not use a P. O. Box. A
I hereby accept the appointment of registered agent(s).		Sworn to and subscribed before me on NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #		
, , , , , , , , , , , , , , , , , , ,	New Registered Agent Signature	Notary	Signature	Date
	s a maximum of three members/managers for the company. Indic			s and addresses. Do not use a P.
O. Box. If addition	nal space is needed attach an addendum. Officer titles, such as	s president or secretary are not a	cceptable .	
NSIKAN ST. MARTIN, MD 6 MARQUIS MANOR MORGAN CITY, LA 70380		Member, Manag	er	
The filing of a	false public record, with the knowledge of its falsity, is	a crime, subjecting the filer to	the fine or imprisonment	t or both under R.S. 14:133.
SIGN →	To be signed by a manager, member, or agent	Title	Phone	Date
	Signee's address	Email Address		(For Office Use Only)
	Enclose filing fee of \$30.00	Return by:	7/2/2018	_
ı	Make remittance payable to Secretary of State Do Not Send Cash Do Not Staple	P. O. Bator	nercial Division Box 94125 1 Rouge, LA 70804-9125	
	web site: www.sos.louisiana.gov	OT STAPLE Phon	e (225) 925-4704	1