

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049975

FILED  
Jun 10, 2009  
Secretary of State

Entity Name: CIRCLE OF HEALTH FAMILY PRACTICE, LLC

## Current Principal Place of Business:

4869 PALM COAST PARKWAY NW  
SUITE 5  
PALM COAST, FL 32137 US

## New Principal Place of Business:

19 OLD KINGS ROAD  
SUITE C101  
PALM COAST, FL 32137 US

## Current Mailing Address:

4869 PALM COAST PARKWAY NW  
SUITE 5  
PALM COAST, FL 32137 US

## New Mailing Address:

19 OLD KINGS ROAD NORTH  
SUITE C101  
PALM COAST, FL 32137 US

FEI Number: 26-0142684      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

DOLINKY, ADRIENNE  
4869 PALM COAST PARKWAY NW  
SUITE 5  
PALM COAST, FL 32137 US

## Name and Address of New Registered Agent:

DOLINKY, ADRIENNE B  
19 OLD KINGS ROAD NORTH  
SUITE C101  
PALM COAST, FL 32137 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: ADRIENNE B DOLINKY

06/10/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DOLINKY, ADRIENNE  
Address: 4869 PALM COAST PARKWAY NW, SUITE 5  
City-St-Zip: PALM COAST, FL 32137 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: DOLINKY, ADRIENNE  
Address: 19 OLD KINGS ROAD NORTH SUITE C101  
City-St-Zip: PALM COAST, FL 32137 US

Title: MGR ( ) Change (X) Addition  
Name: DOLINKY, ADRIENNE B  
Address: 19 OLD KINGS ROAD  
City-St-Zip: PALM COAST, FL 32137

Title: MGR ( ) Change (X) Addition  
Name: DOLINKY, ADRIENNE B  
Address: 19 OLD KINGS ROAD NORTH STE C101  
City-St-Zip: PALM COAST, FL 32137

Title: MGR ( ) Change (X) Addition  
Name: DOLINKY, ADRIENNE B  
Address: 19 OLD KINGS ROAD  
City-St-Zip: PALM COAST, FL 32137

Title: MGR ( ) Change (X) Addition  
Name: DOLINKY, ADRIENNE B  
Address: 19 OLD KINGS ROAD  
City-St-Zip: PALM COAST, FL 32137

Title: MGR ( ) Change (X) Addition  
Name: DOLINKY, ADRIENNE B  
Address: 19 OLD KINGS ROAD  
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ADRIENNE DOLINKY

ABD

06/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date