

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000059759

FILED
Feb 18, 2010
Secretary of State

Entity Name: SURFSIDE FAMILY MEDICINE LLC

Current Principal Place of Business:

3000 N. ATLANTIC AVENUE
SUITE 108
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

3000 N. ATLANTIC AVENUE
SUITE 108
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 27-0406408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SURFSIDE FAMILY PRACTICE LLC
3000 N. ATLANTIC AVENUE
SUITE 108
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: EMGUSHOV, OLGA MD.
Address: 3000 N. ATLANTIC AVENUE
City-St-Zip: COCOA BEACH, FL 32931

Title: MGR
Name: BOGGS, BRIAN MD.
Address: 3000 N. ATLANTIC AVE. SUITE 108
City-St-Zip: COCOA BEACH, FL 32931

I hereby 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: OLGA EMGUSHOV

MGRM

02/18/2010

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