

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060207

FILED
Apr 30, 2012
Secretary of State

Entity Name: FAMILY PRACTICE & INTERNAL MEDICINE OF THE PALM BEACHES, LLC

Current Principal Place of Business:

3401 PGA BLVD.
SUITE 430
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

3401 PGA BLVD.
SUITE 430
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 34-2036409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONADIES HALICKMAN, DOREEN
4500 PGA BLVD. SUITE 303B
PALM BEACH GARDENS, FL 33418 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: MGR
Name: HALICKMAN, JACK F M.D.
Address: 102 OLIVERA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: JACK F HALICKMAN

MGR

04/30/2012

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