

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000049975

**Entity Name:** CIRCLE OF HEALTH FAMILY PRACTICE, LLC

**Current Principal Place of Business:**

10 FLORIDA PARK DR  
SUITE B  
PALM COAST, FL 32137

**Current Mailing Address:**

10 FLORIDA PARK DR  
SUITE B  
PALM COAST, FL 32137 US

**FEI Number: 26-0142684**

**Certificate of Status Desired: No**

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

DOLINKY, ADRIENNE B  
10 FLORIDA PARK DR  
SUITE B  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DOLINKY, ADRIENNE  
Address 10 FLORIDA PARK DR  
SUITE B  
City-State-Zip: PALM COAST FL 32137

*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: ADRIENNE DOLINKY**

**MANAGING PARTNER**

**02/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date