

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049975

Entity Name: CIRCLE OF HEALTH FAMILY PRACTICE, LLC

Current Principal Place of Business:

19 OLD KINGS ROAD
SUITE C101
PALM COAST, FL 32137

Current Mailing Address:

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

FEI Number: 26-0142684

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name DOLINKY, ADRIENNE
Address 19 OLD KINGS ROAD NORTH SUITE
C101
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADRIENNE DOLINKY

MANAGING MEMBER

04/04/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date