2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2015
Secretary of State
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Entity Name: FAMILY MEDICAL CARE OF PALM COAST, LLC

Current Principal Place of Business:

21 HOSPITAL DRIVE
SUITE 230
PALM COAST, FL 32164

Current Mailing Address:

PO BOX 354339
PALM COAST, FL 32135 US

FEI Number: 26-0607201

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VICENCIO, ANTONIO III
21 HOSPITAL DRIVE SUITE 230
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	MGR
Name	VICENCIO, CECILIA
Address	21 HOSPITAL DRIVE SUITE 230
City-State-Zip:	PALM COAST FL 32164

Title	MGR
Name	VICENCIO, KRISTOPHER
Address	21 HOSPITAL DRIVE SUITE 230
City-State-Zip:	PALM COAST FL 32164

Title	MGR
Name	VICENCIO, JACQUELINE
Address	21 HOSPITAL DRIVE SUITE 230
City-State-Zip:	PALM COAST FL 32164

Title	MGR
Name	VICENCIO, KENNETH
Address	21 HOSPITAL DRIVE SUITE 230
City-State-Zip:	PALM COAST FL 32164

Title	MGR
Name	VICENCIO, JONATHAN
Address	21 HOSPITAL DRIVE SUITE 230
City-State-Zip:	PALM COAST FL 32164

Title	MGRM
Name	ANTONIO, VICENCIO SIII
Address	21 HOSPITAL DRIVE SUITE 230
City-State-Zip:	PALM COAST FL 32164

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: CECILIA H VICENCIO OFFICE MANAGER 04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date