

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106009

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:** Yes**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****02/25/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date