

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000052817

**Entity Name:** FRIENDS AND FAMILY MEDICAL ASSOCIATES, LLC

**Current Principal Place of Business:**

3037 LANDOVER BLVD  
SPRING HILL, FL 34608

**Current Mailing Address:**

3037 LANDOVER BLVD  
SPRING HILL, FL 34608

**FEI Number:** 27-2525929

**Certificate of Status Desired:** No

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

HOCK, RUTH A  
3037 LANDOVER BLVD.  
SPRING HILL, FL 34608 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	Title	MANAGER/OWNER
Name	HOCK, RUTH A	Name	POLECRITTI, KRISTIEN
Address	374 ROYAL PALM WAY	Address	3037 LANDOVER BLVD
City-State-Zip:	SPRING HILL FL 34608	City-State-Zip:	SPRING HILL FL 34608

*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:** RUTH HOCK

**MANAGER**

**03/17/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date