

2014 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

02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date