

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000003492**



1. Entity Name  
**CENTRAL FLORIDA ASSOCIATED PRIMARY CARE  
PHYSICIANS, P.L.**

Principal Place of Business

**101 S. 11TH STREET  
SUITE 4  
LEESBURG, FL 34748**

Mailing Address

**101 S. 11TH STREET  
SUITE 4  
LEESBURG, FL 34748**



04062004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3637544**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ASSOCIATED PRIMARY CARE PHYSICIANS, P.A.  
101 S. 11TH STREET  
SUITE 4  
LEESBURG, FL 34748**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

400-0001 0548  
04.12.04-80087-020 80.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ASSOCIATED PRIMARY CARE PHYSICIANS, P.A.  
101 S. 11TH STREET  
LEESBURG, FL 34748**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
STEVEN E. HAWK, P.A.  
101 S. 11TH STREET  
LEESBURG, FL 34748**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/7/04 (352)787-5619**

Date

Daytime Phone #