

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 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**

**DO NOT WRITE IN THIS SPACE**



04212005No Chg-LLC

CR2E083 (10/03)

**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**

**6. 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, 2005**

**000000329913  
04/25/05-80138-011 50.00**

**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

**JACQUELYN E. PUELIA, PARTNER**

Date

Daytime Phone #

**4/21/05 (352) 787-5617**