

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
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



04032007 No Chg-LLC

CR2E083 (11/05)

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 renewing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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
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CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

U000000694331
04/17/07-80013-015 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

4/3/07 (352) 787-5617