

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 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**



04082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3637544</b>	Applied For Not Applicable
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000901270  
04/23/08-80062-010 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ASSOCIATED PRIMARY CARE PHYSICIANS, P.A. 101 S. 11TH STREET LEESBURG, FL 34748</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM STEVEN E. HAWK, P.A. 101 S. 11TH STREET LEESBURG, FL 34748</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
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

**4/10/08**

Date

**(352) 787-8301**

Daytime Phone #