# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 22, 2009**
**Secretary of State**

DOCUMENT# L00000003492

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number: 59-3637544** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

JACQUELYN E. PUGLIA, MD PA
101 S. 11TH STREET
SUITE 4
LEESBURG, FL 34748 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: JACQUELYN E. PUGLIA, MD 04/22/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: ASSOCIATED PRIMARY CARE PHYSICIANS, P.A.
Address: 101 S. 11TH STREET
City-St-Zip: LEESBURG, FL 34748

Title: MGRM ( ) Delete
Name: STEVEN E. HAWK, P.A.
Address: 101 S. 11TH STREET
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: JACQUELYN E. PUGLIA, MD PA
Address: 101 S. 11TH STREET
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEVEN E. HAWK, PA MGRM 04/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date