

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003492

FILED
Apr 25, 2010
Secretary of State

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:

P.O. BOX 6064
MIRAMAR BEACH, FL 32550

FEI Number: 59-3637544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACQUELYN E. PUGLIA, MD PA
101 S. 11TH STREET
SUITE 4
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

JACQUELYN E. PUGLIA, MD PA
1516 ISLAND GREEN DRIVE
MIRAMAR BEACH, FL 32550 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

04/25/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: JACQUELYN E. PUGLIA, MD PA
Address: P.O. BOX 6064
City-St-Zip: MIRAMAR BEACH, FL 32550

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

I hereby 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: JACQUELYN E. PUGLIA

MGRM

04/25/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date