2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2011
Secretary of State

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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:

1516 ISLAND GREEN DRIVE
MIRAMAR BEACH, FL 32550

Current Mailing Address:

P.O. BOX 6064
MIRAMAR BEACH, FL 32550

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:

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

Name and Address of New Registered Agent:

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: _____

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 Statues.

SIGNATURE: JACQUELYN E. PUGLIA, MD PA MGRM 04/16/2011

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