2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# L00000010053

Entity Name: TWIN LAKES FAMILY PRACTICE, PL

Current Principal Place of Business:

1890 LPGA BLVD.
170
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

1890 LPGA BLVD.
170
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 59-3665600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TANNER-ST. JAMES, CAROL M.D.
1890 LPGA BLVD.
SUITE 170
DAYTONA BEACH, FL 32117 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: MGR ( ) Delete
Name: CAROL TANNER-ST. JAMES MD
Address: 1890 LPGA BLVD. SUITE 170
City-St-Zip: DAYTONA BEACH, FL 32117

Title: MGR ( ) Delete
Name: ST JAMES III, LUTHER MD
Address: 1890 LPGA BLVD STE 170
City-St-Zip: DAYTONA BEACH, FL 32117

ADDITIONS/CHANGES:

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

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: CAROL TANNER-ST. JAMES, MD MGR 01/06/2009

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