

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010423

FILED
Apr 27, 2007
Secretary of State

Entity Name: DUNLAWTON FAMILY MEDICINE, PLC

Current Principal Place of Business:

790 DUNLAWTON AVENUE
SUITE E
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

790 DUNLAWTON AVENUE
SUITE E
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 59-3667262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENDRICK, MARK M.D.
790 DUNLAWTON AVENUE
SUITE E
PORT ORANGE, FL 32127 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 () Delete
Name: KENDRICK, MARK M.D.
Address: 790 DUNLAWTON AVENUE STE. E
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM () Delete
Name: BERNARDO, GEORGE M.D.
Address: 790 DUNLAWTON AVENUE STE. E
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM () Delete
Name: BILLMEIER, DAVID M.D.
Address: 790 DUNLAWTON AVENUE STE. E
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES:

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

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: RACHEL LEONDIKE

MGR

04/27/2007

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