2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# L00000010423

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: MARK D. KENDRICK, MD PRES 04/21/2008

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