2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# L00000014406

Entity Name: LEESBURG FAMILY MEDICINE, P.L.

Current Principal Place of Business:

802 EAST DIXIE AVENUE
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

802 EAST DIXIE AVENUE
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-3684481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, JEFFREY
802 EAST DIXIE AVENUE
LEESBURG, FL 34748 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: ROBINSON, JEFFREY M.D.
Address: 802 EAST DIXIE AVENUE
City-St-Zip: LEESBURG, FL 34748

Title: MGRM ( ) Delete
Name: FOSTER, LARRY D M.D.
Address: 802 EAST DIXIE AVENUE
City-St-Zip: LEESBURG, FL 34748

Title: MGRM ( ) Delete
Name: ROQUE, ROGER C M.D.
Address: 802 EAST DIXIE AVENUE
City-St-Zip: LEESBURG, FL 34748

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 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: JEFFREY ROBINSON MGRM 02/08/2006

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