2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2011
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:

849 HAWK LANDING
FRUITLAND PARK, FL 34731

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

Title: MGRM
Name: FOSTER, LARRY D M.D.
Address: 802 EAST DIXIE AVENUE
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: LARRY FOSTER MGRM 01/18/2011

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