

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014406

FILED
Jan 05, 2012
Secretary of State

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

Title: VP
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 Statutes.

SIGNATURE: LARRY D. FOSTER

VP

01/05/2012

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