

FROM :

FAX NO. :

Apr. 04 2006 08:00 AM P1

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

*Copy*

DOCUMENT # L01000016198  
1. Entity Name  
**John Young Family Medical Centre LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**5308 South John Young Parkway**  
Suite, Apt. #, etc

3. Mailing Address  
**5308 SOUTH JOHN YOUNG PARKWAY**  
Suite, Apt. #, etc.  
**STE 200**

DO NOT WRITE IN THIS SPACE

City & State  
**Orlando, FL**  
Zip  
**32839**

Country

City & State  
**ORLANDO FL**  
Zip  
**32839**

Country

4. FEI Number  
**01-0570886**

Applic For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**ALI, RAZA**

Street Address (P.O. Box Number is Not Acceptable)  
**5308 SOUTH JOHN YOUNG PARKWAY STE 200**

City  
**ORLANDO** FL Zip Code  
**32839**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

*[Redacted Signature]*

000000504726  
04/25/06-80084-016 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
**D**  
NAME  
**ALI, RAZA**  
STREET ADDRESS  
**5308 SOUTH JOHN YOUNG PARKWAY STE 2**  
CITY-ST-ZIP  
**ORLANDO FL 32839**

TITLE  
**D**  
NAME  
**BLOUNT, HOWARD**  
STREET ADDRESS  
**5308 SOUTH JOHN YOUNG PARKWAY STE 2**  
CITY-ST-ZIP  
**ORLANDO FL 32839**

TITLE  
**MGRM**  
NAME  
**KHAN, JASEEM**  
STREET ADDRESS  
**5308 SOUTH JOHN YOUNG PARKWAY STE 2**  
CITY-ST-ZIP  
**ORLANDO FL 32839**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: *[Signature]*

*4-3-06 (007) 503-282*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Form 1 (2005) 1