


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000016198	
1. Entity Name JOHN YOUNG FAMILY MEDICAL CENTER, LLC	

Principal Place of Business 5308 SOUTH JOHN YOUNG PARKWAY SUITE 200 ORLANDO, FL 32839	Mailing Address 5308 SOUTH JOHN YOUNG PARKWAY ORLANDO, FL 32839
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04242007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0670885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALI, RAZA
 5308 SOUTH JOHN YOUNG PARKWAY STE 200
 SUITE 200
 ORLANDO, FL 32839

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALZ, RAZA 5308 SOUTH JOHN YOUNG PARKWAY, STE 200 ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUNT, HOWARD 5308 SOUTH JOHN YOUNG PARKWAY STE 200 ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KWAN, JASEEM 5308 SOUTH JOHN YOUNG PARKWAY STE 200 ORLANDO, FL 32839
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 05/18/07-80123-013-50:00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE *[Signature]* Date 4-27-07 Daytime Phone # (407) 563-2821