

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016198

FILED
Jul 17, 2008
Secretary of State

Entity Name: JOHN YOUNG FAMILY MEDICAL CENTER, LLC

Current Principal Place of Business:

5308 SOUTH JOHN YOUNG PARKWAY
SUITE 200
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

5308 SOUTH JOHN YOUNG PARKWAY
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 01-0670885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES:

Title: D () Delete
Name: ALZ, RAZA
Address: 5308 SOUTH JOHN YOUNG PARKWAY, STE 200
City-St-Zip: ORLANDO, FL 32839

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: BLUNT, HOWARD
Address: 5308 SOUTH JOHN YOUNG PARKWAY STE 200
City-St-Zip: ORLANDO, FL 32839

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: KWAN, JASEEM
Address: 5308 SOUTH JOHN YOUNG PARKWAY STE 200
City-St-Zip: ORLANDO, FL 32839

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RAZA ALI M.D.

P

07/17/2008

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