2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# L02000010149

Entity Name: WILSON FAMILY MEDICINE, LLC

Current Principal Place of Business:

2621 MITCHAM DR.
UNIT 103
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2621 MITCHAM DR.
UNIT 103
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 74-3041128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, LES D M.D.
2009 MICCOUSKEE ROAD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

WILSON, LES D M.D.
2621 MITCHAM DR.
103
TALLAHASSEE, FL 32308 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: LES WILSON, MD 02/24/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WILSON, LES D M.D.
Address: 2009 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete
Name: ERWIN-WILSON, VICKI M.D.
Address: 2009 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WILSON, LES D M.D.
Address: 2621 MITCHAN DR. #103
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM (X) Change ( ) Addition
Name: ERWIN-WILSON, VICKI M.D.
Address: 2621 MITCHAM DR. #103
City-St-Zip: TALLAHASSEE, FL 32308

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: LES WILSON DR. 02/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date