

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010149

FILED
Jan 05, 2010
Secretary of State

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.
2621 MITCHAM DR.
103
TALLAHASSEE, FL 32308 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: MGRM
Name: WILSON, LES D M.D.
Address: 2621 MITCHAM DR. #103
City-St-Zip: TALLAHASSEE, FL 32308

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

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: LES D. WILSON, MD

MGRM

01/05/2010

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