2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2011
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.
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 MITCHAN 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 Statues.

SIGNATURE: LES WILSON, MD MGRM 01/04/2011

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