

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010987

**FILED**  
**Apr 17, 2007**  
**Secretary of State**

**Entity Name:** BURNT STORE FAMILY MEDICINE, P.L.

**Current Principal Place of Business:**

100 MADRID BLVD.  
SUITE 513  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

100 MADRID BLVD.  
SUITE 513  
PUNTA GORDA, FL 33950

**New Mailing Address:**

FEI Number: 02-0609414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLMES, DAVID A  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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 ( ) Delete  
Name: WANG, GORDON  
Address: 100 MADRID BOULEVARD SUITE 513  
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGR ( ) Delete  
Name: WANG, ALISON  
Address: 100 MADRID BOULEVARD SUITE 513  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GORDON WANG

MGRM

04/17/2007

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