

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010987

FILED
Feb 10, 2009
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:

C/O DAVID A. HOLMES
99 NESBIT STREET
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 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 02/10/2009

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