2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# L02000028326

Entity Name: SOUTHWEST ORLANDO FAMILY MEDICINE, P.L.

Current Principal Place of Business:

7350 SANDLAKE COMMONS BLVD., SUITE 3322
ORLANDO, FL 32819

New Principal Place of Business:

7400 DOCS GROVE CIRCLE
ORLANDO, FL 32819

Current Mailing Address:

7350 SANDLAKE COMMONS BLVD., SUITE 3322
ORLANDO, FL 32819

New Mailing Address:

7400 DOCS GROVE CIRCLE
ORLANDO, FL 32819

FEI Number: 06-1654176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

W&P SERVICES, INC.
450 N. WYMORE ROAD
WINTER PARK, FL 32789 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: MGR ( ) Delete
Name: GONZALES, PATRICK P M.D.
Address: 7350 SANDLAKE COMMONS BLVD., SUITE 3322
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GONZALES, PATRICK P M.D.
Address: 7400 DOCS GROVE CIRCLE
City-St-Zip: ORLANDO, FL 32819

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: PATRICK P GONZALES MD 01/20/2009

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