

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028326

FILED
Jan 21, 2011
Secretary of State

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

Current Principal Place of Business:

7400 DOCS GROVE CIRCLE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7400 DOCS GROVE CIRCLE
ORLANDO, FL 32819

New Mailing Address:

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: DR
Name: GONZALES, PATRICK P MD
Address: 7400 DOCS GROVE CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: MGR.
Name: GONZALES, MELIZA C RN
Address: 7400 DOCS GROVE CIRCLE
City-St-Zip: ORLANDO, FL 32819

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: MELIZA C. GONZALES

MS.

01/21/2011

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