2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2012
Secretary of State

DOCUMENT# L02000028326

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:

PALMR LEASING
7400 DOCS GROVE CIRCLE
ORLANDO, FL 32819 US

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: MELIZA C. GONZALES 03/19/2012
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 Statues.

SIGNATURE: MELIZA C. GONZALES MGR 03/19/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date