

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016126

FILED
Jan 26, 2009
Secretary of State

Entity Name: ABA FAMILY MEDICINE, LLC

Current Principal Place of Business:

325 CLYDE MORRIS BLVD.
SUITE 320
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

325 CLYDE MORRIS BLVD.
SUITE 320
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 36-4530402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, DIEGO T II
325 CLYDE MORRIS BLVD
SUITE 320
ORMOND BEACH, FL 32174 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: TORRES, DIEGO T II
Address: 325 CLYDE MORRIS BLVD SUITE 320
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

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: DIEGO T. TORRES, II, M.D.

MGMR

01/26/2009

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