

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022130

**FILED**  
**Jan 12, 2006**  
**Secretary of State**

**Entity Name:** LAKE CITY INTERNAL MEDICINE & PRIMARY CARE LLC

**Current Principal Place of Business:**

DR. SRINATH REDDY KOSANAM  
1037 W. US HWY 90., SUITE # 120  
LAKE CITY, FL 32055 US

**New Principal Place of Business:**

**Current Mailing Address:**

DR. SRINATH REDDY KOSANAM  
140 SW WOODGRASS GLEN  
LAKE CITY, FL 32024 US

**New Mailing Address:**

**FEI Number:** 20-0024442      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KOSANAM, SRINATH R DR.  
140 SW WOODGRASS GLEN  
LAKE CITY, FL 32024 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:** KOSANAM, SRINATH R PRESIDE  
**Address:** 140 SW WOODGRASS GLEN  
**City-St-Zip:** LAKE CITY, FL 32024 US

**ADDITIONS/CHANGES:**

**Title:** PRES      (X) Change ( ) Addition  
**Name:** KOSANAM, SRINATH R PRESIDE  
**Address:** 140 SW WOODGRASS GLEN  
**City-St-Zip:** LAKE CITY, FL 32024 US

I hereby certify that the information supplied with this filing does not qualify for the 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:** SRINATH REDDY KOSANAM

PRES

01/12/2006

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