

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035414

FILED
Apr 04, 2012
Secretary of State

Entity Name: PRIMARY CARE SPECIALISTS, LLC

Current Principal Place of Business:

8793 COMMODITY CIRCLE
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

8793 COMMODITY CIRCLE
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 20-0233620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEARES, MICHAEL MD
8793 COMMODITY CIRCLE
ORLANDO, FL 32835 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
Name: WENTZELL, THOMAS H MD
Address: 11140 W COLONIAL DRIVE SUITE 1
City-St-Zip: OCOEE, FL 34761

Title: VPMG
Name: COWAN JR, DAVID F MD
Address: 3615 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: SMGR
Name: MESTRE, ARSENIO MD
Address: 5540 E GRANT STREET SUITE A
City-St-Zip: ORLANDO, FL 32822

Title: PMGR
Name: MEARES, MICHAEL MD
Address: 8793 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: MGRM
Name: KIVETT, GERALD MD
Address: 4711 CURRY FORD ROAD
City-St-Zip: ORLANDO, FL 32812

Title: MGRM
Name: BICKERTON, JOHN MD
Address: 3100 S CONWAY ROAD
City-St-Zip: ORLANDO, FL 32812

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: MICHAEL MEARS MD

PMGR

04/04/2012

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