2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2010
Secretary of State

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Entity Name: ORMOND INTERNAL MEDICINE LLC

Current Principal Place of Business:

279 S YONGE STREET
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

279 S YONGE STREET
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 35-2214927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAN DIEPEN, GAIL
1 ST. JOHN"S PLACE
ORMOND BEACH, FL 32176 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: VAN DIEPEN, GAIL
Address: 1 ST JOHNS PL
City-St-Zip: ORMOND BEACH, FL 32176

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: GAIL VAN DIEPEN MGRM 03/16/2010

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