

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053804

FILED
Apr 12, 2007
Secretary of State

Entity Name: LAKE MARY PRIMARY CARE, LLC

Current Principal Place of Business:

4106 LAKE MARY BOULEVARD STE. 100
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

4106 LAKE MARY BOULEVARD STE. 100
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 57-1194394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMER, HUGH M
1150 LOUISIANA AVENUE STE. 6-A
WINTER PARK, FL 32789 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: ABRAHAM, DENNIS J M.D.
Address: 4106 LAKE MARY BOULEVARD STE. 100
City-St-Zip: LAKE MARY, FL 32746

Title: MGR () Delete
Name: JOHNSON, JESSE W JR
Address: 4106 LAKE MARY BOULEVARD STE. 100
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DENNIS J ABRAHAM

MD

04/12/2007

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