

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000035649

1. Entity Name
FERNHILL FAMILY MEDICINE L.L.C.



Principal Place of Business
**4601 N HWY 19 A
MOUNT DORA, FL 32757-2039**

Mailing Address
**P.O. BOX 396
MOUNT DORA, FL 32756-0396**



01232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0508741

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOHAN, KUMARAN K MD
2306 GABLES DRIVE
EUSTIS, FL 32726-2080**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000687422
04/10/07-80038-023 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MOHAN, KUMARAN K MD 2306 GABLES DRIVE EUSTIS, FL 327262080 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*** Date**

Daytime Phone #

3/30/07