


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 08:00 A
Secretary of State

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| DOCUMENT # L04000035649 1. Entity Name FERNHILL FAMILY MEDICINE L.L.C. |  |
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|-----------------------------------------------------------------------------|--------------------------------------------------------------|
| 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 |
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03202008 No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 51-0508741 | Applied For Not Applicable |
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| 5. Certificate of Status Desired: <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MOHAN, KUMARAN K MD 2306 GABLES DRIVE EUSTIS, FL 32726-2080 |
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000872912
04/10/08-80057-002 138.75

| 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 OR TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

#3-19-08#
Date Daytime Phone #