2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2009
Secretary of State

DOCUMENT# L04000035649

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

Current Principal Place of Business:

4601 N HWY 19 A
MOUNT DORA, FL 327572039

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 396
MOUNT DORA, FL 327560396

New Mailing Address:

FEI Number: 51-0508741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOHAN, KUMARAN K MD
2306 GABLES DRIVE
EUSTIS, FL 327262080 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: MOHAN, KUMARAN K MD
Address: 2306 GABLES DRIVE
City-St-Zip: EUSTIS, FL 327262080

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: KUMARAN MOHAN MGR 07/15/2009

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