

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90381 022 ****50.00

DOCUMENT # L04000040095	
1. Entity Name S.A.C. PRIMARY CARE, LLC	



Principal Place of Business 102 ST. CLAIR ABRAMS AVENUE TAVARES, FL 32786 US <i>change of address</i>	Mailing Address 102 ST. CLAIR ABRAMS AVENUE TAVARES, FL 32786 US <i>change of address</i>
--	--

2. Principal Place of Business <i>2000 Prevatt Street</i>	3. Mailing Address <i>P.O. Box 160</i>
Suite, Apt. #, etc. <i>suite B-2</i>	Suite, Apt. #, etc.

City & State <i>EUSTIS, Florida</i>	City & State <i>MASCOTTE, FLORIDA</i>
Zip <i>32726</i>	Country <i>U.S.A.</i>
Country <i>U.S.A.</i>	Zip <i>34753</i>



03042005 Chg-LLC CR2E083 (10/03)

4. FEI Number <i>20-1254877</i>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent CHANDLER, SUZETTE A.D.O. 1705 SUNSET RIDGE AVENUE MASCOTTE, FL 34753	
---	--

7. Name and Address of New Registered Agent Name <i>CHANDLER, SUZETTE, A. D.O.</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1705 Sunset Ridge Drive</i>	
City <i>Mascotte</i>	State <i>FL</i>
Zip Code <i>34753</i>	

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 <i>Suzette A. Chandler</i> (managing member, sole proprietor)	DATE <i>3-12-2005</i>

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANDLER, SUZETTE A.D.O. 1705 SUNSET RIDGE DRIVE MASCOTTE, FL 34753 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>no changes</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Suzette A. Chandler</i>	DATE: <i>3-12-2005</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

c (352)-250-3112
h. (352)-429-5932