

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040095

Entity Name: S.A.C. PRIMARY CARE, LLC

FILED  
Jan 04, 2006  
Secretary of State

**Current Principal Place of Business:**

2000 PREVATT STREET  
SUITE B-2  
EUSTIS, FL 32726 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 160  
MASCOTTE, FL 34753 US

**New Mailing Address:**

FEI Number: 20-1254877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHANDLER, SUZETTE A D.O.  
1705 SUNSET RIDGE AVENUE  
SUITE A  
MASCOTTE, FL 34753 US

**Name and Address of New Registered Agent:**

CHANDLER, SUZETTE A D.O.  
1705 SUNSET RIDGE AVENUE  
MASCOTTE, FL 34753 US

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:

01/04/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHANDLER, SUZETTE A D.O.  
Address: 1705 SUNSET RIDGE DRIVE  
City-St-Zip: MASCOTTE, FL 34753 US

**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 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: SUZETTE AVA CHANDLER

DR.

01/04/2006

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