

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044464

FILED  
May 29, 2008  
Secretary of State

Entity Name: COOPER FAMILY MEDICAL, PLLC

## Current Principal Place of Business:

5101 4TH AVE CIRCLE EAST  
SUITE 200  
BRANDENTON, FL 34208

## New Principal Place of Business:

5101 4TH AVE CIRCLE EAST  
SUITE 200  
BRADENTON, FL 34208

## Current Mailing Address:

5101 4TH AVE CIRCLE EAST  
SUITE 200  
BRANDENTON, FL 34208

## New Mailing Address:

5101 4TH AVE CIRCLE EAST  
SUITE 200  
BRADENTON, FL 34208

FEI Number: 20-1251028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205 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: CFO ( ) Delete  
Name: COOPER, CATHERINE M  
Address: 5101 4TH AVENUE CIRCLE EAST #200  
City-St-Zip: BRADENTON, FL 34208

Title: CEO ( ) Delete  
Name: COOPER, CHRISTOPHER M SR  
Address: 5101 4TH AVE CIR EAST #200  
City-St-Zip: BRADENTON, FL 34208

## ADDITIONS/CHANGES:

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

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: CATHERINE M. COOPER

CFO

05/29/2008

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