2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044464

City-St-Zip:

BRADENTON, FL 34208

Entity Name: COOPER FAMILY MEDICAL, PLLC

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:		New Principal F	New Principal Place of Business:	
5101 4TH A	AVE CIRCLE EAST			
	ON, FL 34208			
Current Mailing Address:		New Mailing Ad	New Mailing Address:	
SUITE 200	AVE CIRCLE EAST ON, FL 34208			
FEI Number: 20-1251028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desire In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.				
	Address of Current Registered Agent:	· ·	ress of New Registered Agent:	
802 11TH	, WALTERS, HELD & JOHNSON, P.A. STREET WEST ON, FL 34205 US			
	named entity submits this statement for the e of Florida.	purpose of changing its reg	istered office or registered agent, or both	
SIGNATUR	RE:			
	Electronic Signature of Registered Ag	gent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANG	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	CFO () Delete COOPER, CATHERINE M 5101 4TH AVENUE CIRCLE EAST #200 BRADENTON, FL 34208	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	CEO () Delete COOPER, CHRISTOPHER M SR 5101 4TH AVE CIR EAST #200	Title: Name: Address:	() Change () Addition	

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 05/01/2009