

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000060972

**FILED**  
**Jan 25, 2008**  
**Secretary of State**

**Entity Name:** FIVE POINTS FAMILY PRACTICE , LLC

**Current Principal Place of Business:**

5606 WOODBINE ROAD  
PACE, FL 32571 US

**New Principal Place of Business:**

5607 WOODBINE ROAD  
PACE, FL 32571 US

**Current Mailing Address:**

5606 WOODBINE ROAD  
PACE, FL 32571 US

**New Mailing Address:**

5607 WOODBINE ROAD  
PACE, FL 32571 US

**FEI Number:** 20-1494002

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAITH, ANGELI D MD  
5606 WOODBINE ROAD  
PACE, FL 32571 US

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

SAITH, ANGELI D MD  
5607 WOODBINE ROAD  
PACE, FL 32571 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:

01/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SAITH, ANGELI D MD  
Address: 5606 WOODBINE ROAD  
City-St-Zip: PACE, FL 32571 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SAITH, ANGELI D MD  
Address: 5607 WOODBINE ROAD  
City-St-Zip: PACE, FL 32571 US

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: ANGELI SAITH

MGRM

01/25/2008

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