2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# L04000074838

Entity Name: 1ST AMERICAN FAMILY MEDICAL ASSOCIATES, LLC

Current Principal Place of Business:

120 MEDICAL BLVD.
SUITE 103
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

120 MEDICAL BLVD.
SUITE 103
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 59-3787086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAPOLITANO, PETER A ESQ.
8406 MASSACHUSETTS AVENUE, SUITE A-1
NEW PORT RICHEY, FL 34653 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: MGR ( ) Delete
Name: BLACKBURN, ROBERT G D.O.
Address: 120 MEDICAL BLVD., SUITE 103
City-St-Zip: SPRING HILL, FL 34609 US

Title: MGRM ( ) Delete
Name: GROVE, JEFFREY S D.O.
Address: 120 MEDICAL BLVD., SUITE 103
City-St-Zip: SPRING HILL, FL 34609 US

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 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: JILL E. KEARNS ADMI 04/20/2007

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