

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074838

FILED
Apr 11, 2008
Secretary of State

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 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

ADM

04/11/2008

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