

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094437

FILED
Feb 23, 2009
Secretary of State

Entity Name: ADVANCED PRACTICE CLINIC, LLC

Current Principal Place of Business:

LAKESIDE PROFESSIONAL OFFICES
1184B CIRCLE DRIVE
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

Current Mailing Address:

PO BOX 184
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 86-1121307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOWELL FAMILY PARTNERSHIP, LLC
443 SHOEMAKER DRIVE
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

HOWELL, JAMES W PD
443 SHOEMAKER DRIVE
DEFUNIAK SPRINGS, FL 32433 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: JAMES W. HOWELL

02/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOWELL FAMILY PARTNE, RSHIP, LLC
Address: 443 SHOEMAKER DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOWELL, JAMES W PD
Address: 443 SHOEMAKER DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: JAMES W. HOWELL

PD

02/23/2009

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