

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003652

Entity Name: MILL CREEK FAMILY CARE, P.L.

FILED  
Mar 29, 2006  
Secretary of State

**Current Principal Place of Business:**

475 WEST TOWN PLACE  
SUITE 105  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

475 WEST TOWN PLACE  
SUITE 105  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

FEI Number: 20-2152094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRAGG, TRACI  
4119 OLD MILL COVE TRAIL EAST  
JACKSONVILLE, FL 32277 US

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

BRAGG, TRACI  
1709 HIGHLAND VIEW DRIVE  
ST. AUGUSTINE, FL 32092 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:

03/29/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: DR. ( ) Change (X) Addition  
Name: BRAGG, TRACI L MD  
Address: 475 WEST TOWN PLACE, STE 105  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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: TRACI BRAGG

DR.

03/29/2006

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