2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L05000003652

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

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
1709 HIGHLAND VIEW DRIVE
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

BRAGG, TRACI
475 WEST TOWN PLACE, STE 105
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: 01/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

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: TRACI BRAGG MGR 01/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date