2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2007
Secretary of State

DOCUMENT# L05000024398

Entity Name: LIFETIME FAMILY MEDICINE, LLC

Current Principal Place of Business:

4300 NW 81 TERR
CORAL SPRINGS, FL 33065

New Principal Place of Business:

2901 CORAL HILLS DRIVE
SUITE 150
CORAL SPRINGS, FL 33065

Current Mailing Address:

4300 NW 81 TERR
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-2493959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, MARLENE H M.D.
4300 NW 81 TERR
CORAL SPRINGS, FL 33065 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: P ( ) Delete
Name: SMITH, MARLENE
Address: 4300 NW 87 TERR
City-St-Zip: POMPANO BEACH, FL 33065

ADDITIONS/CHANGES:

Title: DR. (X) Change ( ) Addition
Name: SMITH, MARLENE H M.D.
Address: 4300 NW 81 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33065

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: MARLENE SMITH DR. 04/08/2007

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