2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# L05000044455

Entity Name: HOPE FAMILY MEDICINE L.L.C.

Current Principal Place of Business:

3375 CAPITAL CIRCLE NE
SUITE E
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3375 CAPITAL CIRCLE NE
SUITE E
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 65-1252296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ABLORDEPPEY, JOY H MD
3375 CAPITAL CIRCLE NE
SUITE E
TALLAHASSEE, FL 32308 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: ABLORDEPPEY, JOY H MD
Address: 3526 LIMERICK DR
City-St-Zip: TALLAHASSEE, FL 32309

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: ABLORDEPPEY, EDEM K
Address: 2136 DELTA BLVD
City-St-Zip: TALLAHASSEE, FL 32303

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: EDEM K ABLORDEPPEY MGR 06/25/2009

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