

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000044455

**FILED**  
**Jun 11, 2012**  
**Secretary of State**

**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 ( )**

**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  
**Name:** ABLORDEPPEY, JOY H MD  
**Address:** 3526 LIMERICK DR  
**City-St-Zip:** TALLAHASSEE, FL 32309

**Title:** MGR  
**Name:** ABLORDEPPEY, EDEM K  
**Address:** 2580 ULYSSES RD  
**City-St-Zip:** TALLAHASSEE, FL 32312

I hereby 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 ABLORDEPPEY

MGR

06/11/2012

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