2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 10, 2008
Secretary of State

DOCUMENT# L05000069128

Entity Name: WINTER PARK FAMILY PRACTICE, LLC

Current Principal Place of Business:

1355 ORANGE AVE
SUITE 1
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

1910 NORTH ORANGE AVE
SUITE A
ORLANDO, FL 32804 US

New Mailing Address:

1355 ORANGE AVE
SUITE 1
WINTER PARK, FL 32789 US

FEI Number: 86-1143549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, VARESH R
1910 NORTH ORANGE AVE
SUITE A
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

LEFKOWITZ, IVAN M
430 N MILLS AVE
SUITE 4
ORLANDO, FL 32803 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: IVAN M LEFKOWITZ 09/10/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PATEL, VARESH R
Address: 1910 N. ORANGE AVE
City-St-Zip: ORLANDO, FL 32804 US

Title: MGRM (X) Delete
Name: PATEL, RAMESH M
Address: 1910 N. ORANGE
City-St-Zip: ORLANDO, FL 32804 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RADBILL, KEVIN
Address: 1355 ORANGE AVE, SUITE 1
City-St-Zip: WINTER PARK, FL 32789 US

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: KEVIN RADBILL, D.O. MGR 09/10/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date