

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000079696

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** LAKE COUNTY PRIMARY MEDICAL CARE, LLC

**Current Principal Place of Business:**

33 NORTH CENTER STREET  
EUSTIS, FL 32726 US

**New Principal Place of Business:**

**Current Mailing Address:**

33 NORTH CENTER STREET  
EUSTIS, FL 32726 US

**New Mailing Address:**

**FEI Number:** 84-1688762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NAGABHAIRU, VIJAYA M.D.  
33 NORTH CENTER STREET  
EUSTIS, FL 32726 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:** MGRM  
**Name:** NAGABHAIRU, VIJAYA L  
**Address:** 1026 JULIETTE BOULEVARD  
**City-St-Zip:** MOUNT DORA, FL 32757 US

**Title:** MGRM  
**Name:** BASKAR, SUJATHA  
**Address:** 3012 PALERMO COURT  
**City-St-Zip:** MOUNT DORA, FL 32757 US

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:** SUJATHA BASKAR

MGRM

04/26/2010

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