

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090967

FILED
Jan 05, 2010
Secretary of State

Entity Name: GULF COAST FAMILY MEDICINE, PLLC

Current Principal Place of Business:

1020 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

New Principal Place of Business:

1000 WEST MORENO STREET
PENSACOLA, FL 32501

Current Mailing Address:

1020 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

New Mailing Address:

1000 WEST MORENO STREET
PENSACOLA, FL 32501

FEI Number: 20-3467070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IRVIN, ELVIN C MD
1020 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

IRVIN, ELVIN C MD
1000 WEST MORENO STREET
PENSACOLA, FL 32501 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:

01/05/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: IRVIN, ELVIN C MD
Address: 1000 WEST MORENO STREET
City-St-Zip: PENSACOLA, FL 32501

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: E. COY IRVIN JR. M.D.

MGR

01/05/2010

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