

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106572

FILED
Aug 21, 2006
Secretary of State

Entity Name: FAMILY MEDICINE ASSOCIATES OF THE GULF COAST, PLLC

Current Principal Place of Business:

8990 ORTEGA PARK DRIVE
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

8990 ORTEGA PARK DRIVE
NAVARRE, FL 32566 US

New Mailing Address:

P.O. BOX 6479
NAVARRE, FL 32566 US

FEI Number: 11-3688608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SVENDSEN, PAMELA J MD
8990 ORTEGA PARK DRIVE
NAVARRE, FL 32566 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: SVENDSEN, PAMELA J MD
Address: 8990 ORTEGA PARK DRIVE
City-St-Zip: NAVARRE, FL 32566 US

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA J. SVENDSEN, MD

DR.

08/21/2006

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