2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# L05000106572

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:

7552 NAVARRE PARKWAY, UNIT 21
NAVARRE, FL 32566 US

Current Mailing Address:

P.O. BOX 6479
NAVARRE, FL 32566 US

New Mailing Address:

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

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:

SVENDSEN, PAMELA J MD
7552 NAVARRE PARKWAY, UNIT 21
NAVARRE, FL 32566 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: _____ 01/16/2008
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: MGR (X) Change ( ) Addition
Name: SVENDSEN, PAMELA J MD
Address: 7552 NAVARRE PARKWAY, UNIT 21
City-St-Zip: NAVARRE, FL 32566 US

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: PAMELA J. SVENDSEN DR. 01/16/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date