2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# L05000109810

Entity Name: FLEMING ISLAND FAMILY MEDICINE, LLC

Current Principal Place of Business:

1570 ISLAND LANE
ORANGE PARK, FL 32073

New Principal Place of Business:

1570 ISLAND LANE
ORANGE PARK, FL 32003

Current Mailing Address:

1570 ISLAND LANE
ORANGE PARK, FL 32073

New Mailing Address:

1570 ISLAND LANE
ORANGE PARK, FL 32003

FEI Number: 20-3786821 **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:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

EVANS, MELIA A R.A.
1570 ISLAND LANE
ORANGE PARK, FL 32003 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: MELIA A. EVANS, M.D. 07/10/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: EVANS, MELIA MD
Address: 1570 ISLAND LANE
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM ( ) Delete
Name: LEBEDA, RAY MD
Address: 1570 ISLAND LANE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: EVANS, MELIA MD
Address: 1570 ISLAND LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: MGRM (X) Change ( ) Addition
Name: LEBEDA, RAY MD
Address: 1570 ISLAND LANE
City-St-Zip: ORANGE PARK, FL 32003

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: MELIA A. EVANS, M.D. MGRM 07/10/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date