

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000109810**

**1. Entity Name**  
**FLEMING ISLAND FAMILY MEDICINE, LLC**



**Principal Place of Business**  
**1570 ISLAND LANE**  
**ORANGE PARK, FL 32003**

**Mailing Address**  
**1570 ISLAND LANE**  
**ORANGE PARK, FL 32003**



01222007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-3786821**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**EVANS, MELIA A R.A.**  
**1570 ISLAND LANE**  
**ORANGE PARK, FL 32003**

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**MGRM**  
**EVANS, MELIA MD**  
**1570 ISLAND LANE**  
**ORANGE PARK, FL 32003**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**MGRM**  
**LEBEDA, RAY MD**  
**1570 ISLAND LANE**  
**ORANGE PARK, FL 32003**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

U00000644375  
03/02/07-80037-025 50.00

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/15/2007 (904) 264-1204