

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109810

FILED
Apr 23, 2012
Secretary of State

Entity Name: FLEMING ISLAND FAMILY MEDICINE, LLC

Current Principal Place of Business:

3189 US HWY 17
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

3189 US HWY 17
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 20-3786821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

EVANS, MELIA A R.A.
3189 US HWY 17
GREEN COVE SPRINGS, FL 32043 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

04/23/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: EVANS, MELIA MD
Address: 3189 US HWY 17
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM
Name: LEBEDA, RAY MD
Address: 3189 US HWY 17
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: MELIA A. EVANS

MGRM

04/23/2012

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