


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90079 001 ****55.00

DOCUMENT # L05000121476	
1. Entity Name DR CAMEJO PRIMARY CARE & WALKIN CLINIC LLC	

Principal Place of Business 7001 NORTH DALE MABRY SUITE #6 TAMPA, FL 33635	Mailing Address 7001 NORTH DALE MABRY SUITE #6 TAMPA, FL 33635
--	--

2. Principal Place of Business - No P.O. Box # 4714 N. Armenia Ave Suite, Apt. #, etc. 100	3. Mailing Address 4714 N. Armenia Ave. Suite, Apt. #, etc. 100
City & State Tampa, FL	City & State Tampa, FL
Zip 33603	Country



01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3972177	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SUNSHINE STRATEGIES LLC 8706 MAPLE LAKE PLACE TAMPA, FL 33635	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

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 (NOT: Registered Agent signature required when registering) DATE:

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM CAMEJO, LEONEL 7001 N DALE MABRY TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 1/15/07/83915-9000 Daytime Phone #