

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121476

FILED
Aug 05, 2008
Secretary of State

Entity Name: DR CAMEJO PRIMARY CARE & WALKIN CLINIC LLC

Current Principal Place of Business:

4714 NORTH ARMENIA AVE
SUITE 100
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

4714 NORTH ARMENIA AVE
SUITE 100
TAMPA, FL 33603

New Mailing Address:

FEI Number: 20-3972177 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

SUNSHINE STRATEGIES LLC
8706 MAPLE LAKE PLACE
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

CAMEJO, LEONEL
4714 NORTH ARMENIA AVE
SUITE 100
TAMPA, FL 33603 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: LEONEL CAMEJO

08/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAMEJO, LEONEL
Address: 7001 N DALE MABRY
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAMEJO, LEONEL
Address: 4714 NORTH ARMENIA AVE, SUITE 100
City-St-Zip: TAMPA, FL 33603

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: LEONEL CAMEJO

MGR

08/05/2008

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