

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123087

Entity Name: FAM MED, LLC

FILED
Jul 09, 2007
Secretary of State

Current Principal Place of Business:

9010 SPLIT LOG ROAD
BRENTWOOD, TN 37027

New Principal Place of Business:

1239 BROADMOOR CIRCLE
FRANKLIN, TN 37067

Current Mailing Address:

PO BOX 396
BRENTWOOD, TN 37024

New Mailing Address:

FEI Number: 20-4418080 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:

ANDERSON, SCOTT A
689 S. APOLLO BLVD.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROBERTS, PHILIP L
Address: PO BOX 396
City-St-Zip: BRENTWOOD, TN 37024

Title: MGR () Delete
Name: ROBERTS, ERIC D
Address: PO BOX 396
City-St-Zip: BRENTWOOD, TN 37024

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PHILIP L. ROBERTS

MGR

07/09/2007

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