

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000084

FILED
Feb 17, 2010
Secretary of State

Entity Name: DOCTORS CLINIC FAMILY HEALTH CENTER LLC

Current Principal Place of Business:

204 ES PARK STREET
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

204 SE PARK STREET
OKEECHOBEE, FL 34972 US

Current Mailing Address:

204 ES PARK STREET
OKEECHOBEE, FL 34972 US

New Mailing Address:

204 SE PARK STREET
OKEECHOBEE, FL 34972 US

FEI Number: 20-4021023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SWEDA, RENNAE
204 ES PARK STREET
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

SWEDA, RENNAE
204 SE PARK STREET
OKEECHOBEE, FL 34972 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: _____

Electronic Signature of Registered Agent

02/17/2010

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SWEDA, STANLEY DR
Address: 204 SE PARK STREET
City-St-Zip: OKEECHOBEE, FL 34972

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: RENNAE SWEDA

MGRM

02/17/2010

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