

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000084

FILED
Mar 15, 2011
Secretary of State

Entity Name: DOCTORS CLINIC FAMILY HEALTH CENTER LLC

Current Principal Place of Business:

204 SE PARK STREET
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

204 SE PARK STREET
OKEECHOBEE, FL 34972 US

New Mailing Address:

FEI Number: 20-4021023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWEDA, RENNAE
204 SE PARK STREET
OKEECHOBEE, FL 34972 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: 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: STANLEY H. SWEDA, M.D.

PRES

03/15/2011

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