

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014010

FILED  
Jan 26, 2007  
Secretary of State

**Entity Name:** FOUR CORNERS INTERNAL MEDICINE, LLC

**Current Principal Place of Business:**

6827 LUCCA STREET  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

6827 LUCCA STREET  
ORLANDO, FL 32819 US

**New Mailing Address:**

**FEI Number:** 20-4261617

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET  
SUITE 205  
RIVERVIEW, FL 33569 US

**Name and Address of New Registered Agent:**

KOSANAM, SRINATH REDDY OFFICER  
6827 LUCCA ST.  
ORLANDO, FL 32819 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: SRINATH REDDY KOSANAM

01/26/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KOSANAM, SRINATH REDDY M.D.  
Address: 6827 LUCCA STREET  
City-St-Zip: ORLANDO, FL 32819 US

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SRINATH REDDY KOSANAM

OFFI

01/26/2007

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