

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90079 040 \*\*\*\*50.00

**DOCUMENT # L06000018026**

1. Entity Name  
**JM FAMILY MEDICAL WALK-IN CLINIC, LLC**



Principal Place of Business  
**154 LOOKOUT POINT DRIVE  
OSPREY, FL 34229**

Mailing Address  
**154 LOOKOUT POINT DRIVE  
OSPREY, FL 34229**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number

**20-4374008**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOPER, FRANCES GRACE  
901 VENETIA BAY BLVD.  
SUITE 357  
VENICE, FL 34285**

Name

**LAURA A PLUM, CPA**

Street Address (P.O. Box Number is Not Acceptable)  
**1800 SECOND STREET**

**SUITE 745**

City

**SARASOTA**

**FL**

Zip Code **34236**

8. 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. I am familiar with, and accept the obligations of a registered agent.

SIGNATURE

*Laura A Plum CPA*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-issuing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MASON, JOHN  
154 LOOKOUT POINT DRIVE  
OSPREY, FL 34229** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MEYER, JOHN  
521 HARBOR WAY  
LONGBOAT KEY, FL 34228** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

*JOHN MASON*

**1-12-07**

**971 378 7660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #