2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L06000018026

Entity Name: JM FAMILY MEDICAL WALK-IN CLINIC, LLC

Current Principal Place of Business:

154 LOOKOUT POINT DRIVE
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

154 LOOKOUT POINT DRIVE
OSPREY, FL 34229

New Mailing Address:

FEI Number: 20-4374008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLUM, LAURA A CPA
1800 SECOND ST
SUITE 745
SARASOTA, FL 34236 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 ( ) Delete
Name: MASON, JOHN
Address: 154 LOOKOUT POINT DRIVE
City-St-Zip: OSPREY, FL 34229

Title: MGRM ( ) Delete
Name: MEYER, JOHN
Address: 521 HARBOR WAY
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: MEYER, JOHN
Address: 1650 SUNRISE LANE
City-St-Zip: LONGBOAT KEY, FL 34231

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: CLAUDE J. MASON, M.D. MGRM 03/20/2009

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