

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043182

FILED
Apr 29, 2010
Secretary of State

Entity Name: FAMILY MEDICINE OF WESTON LLC

Current Principal Place of Business:

2300 N. COMMERCE PKWY., SUITE 315
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

2300 N. COMMERCE PKWY., SUITE 315
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 20-4767315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURILLO RENGIFO, CLAUDIA P
3933 E HIBISCUS ST
WESTON, FL 33332 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: RENGIFO, ALBERTO
Address: 2300 N COMMERCE PKWY STE 315
City-St-Zip: WESTON, FL 33326

Title: MGRM
Name: MURILLO RENGIFO, CLAUDIA P
Address: 2300 N COMMERCE PKWY STE 315
City-St-Zip: WESTON, FL 33326

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: CLAUDIA P MURILLO RENGIFO

MRS.

04/29/2010

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