2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L06000047671



FILED Feb 22, 2007 8:00 am Secretary of State

PRIMARY CARE SPECIALISTS OF NORTH FLORIDA, L.L.C.					02-22-2007 90280 011 ****50.00				
Principal Place of Business 3233 SOUTHWEST 33RD ROAD STE 301 OCALA, FL 34474 Address 3233 SOUTHWEST 33RD ROAD OCALA, FL 34474				STE 301					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02012007	Chg-LLC	CR2F08	3 (12/06)	
City & State		City & State			4. FEI Numbe	 			plied For
Zip Country		Zip Country		<u> </u>	30-4	20-4781163 Not Applicable 5 Cotting to at Status Pagisod S \$5.00 Additional			
<u> 344-</u>	71 USA				Fee Required				
	6. Name and Address of Current F	registered Agent		Name	7. Name and	Address of New F	tegistered Ag	gent	
KRUEGAR, SCOTT DAVID 2750 NORTHWEST 43RD STREET STE 201 GAINESVILLE, FL 32606			-	Street Address (P.O. Box Number is Not Acceptable)					
			-	City			FL	Zip Cod	e
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 registered agent.									
SIGNATURE									
	Signature, typed or printed name of registered agent at	nd title if applicable (NOTE	Registered	Agent signature requ	ired when reinstating)		DATE	•	
Fi D	ling Fee is \$50.00 ue by May 1, 2007						e check pay a Departme		e
9.	MANAGING MEMBERS/MANAGERS								
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