


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-22-2007 90280 011 \*\*\*\*50.00

<b>DOCUMENT # L06000047671</b>	
<b>1. Entity Name</b> PRIMARY CARE SPECIALISTS OF NORTH FLORIDA, L.L.C.	

<b>Principal Place of Business</b> 3233 SOUTHWEST 33RD ROAD STE 301 OCALA, FL 34474	<b>Mailing Address</b> 3233 SOUTHWEST 33RD ROAD STE 301 OCALA, FL 34474
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<b>2. Principal Place of Business - No P.O. Box #</b> 1805 SE 16th AVE	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> OCALA, FL	<b>City &amp; State</b>
<b>Zip</b> 34471	<b>Country</b> USA



02012007 Chg-LLC CR2E083 (12/06)

<b>4. FEI Number</b> 20-4781163	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> KRUEGAR, SCOTT DAVID 2750 NORTHWEST 43RD STREET STE 201 GAINESVILLE, FL 32606	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) **DATE** \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Shirvani Arora 2/14/07 352-861-4602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #