

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047671

FILED
Apr 29, 2009
Secretary of State

Entity Name: PRIMARY CARE SPECIALISTS OF NORTH FLORIDA, L.L.C.

Current Principal Place of Business:

1805 SE 16TH AVE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

3233 SOUTHWEST 33RD ROAD STE 301
OCALA, FL 34474

New Mailing Address:

FEI Number: 20-4781163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUEGAR, SCOTT DAVID
2750 NORTHWEST 43RD STREET STE 201
GAINESVILLE, FL 32606 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: MGR () Delete
Name: ARORA, GANESH
Address: 1716 SW 82ND DR
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

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

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: GANESH ARORA

MGR

04/29/2009

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