

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011797

FILED
Sep 03, 2008
Secretary of State

Entity Name: FIRST CARE FAMILY PHYSICIANS, LLC

Current Principal Place of Business:

1049 EBER BOULEVARD
102
MELBOURNE, FL 32904 US

New Principal Place of Business:

1049 EBER BOULEVARD
101/102
MELBOURNE, FL 32904 US

Current Mailing Address:

110 LONGWOOD AVENUE
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 20-8348510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVILA, KAREN L
110 LONGWOOD AVENUE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

WUESTHOFF FAMILY PHYSICIANS
110 LONGWOOD AVENUE
ROCKLEDGE, FL 32955 US

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: LYNDIA KIRKLAND BARRIE

09/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WUESTHOFF FAMILY PHY, SICIANS, INC.
Address: 110 LONGWOOD AVENUE
City-St-Zip: ROCKLEDGE, FL 32955 US

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: LYNDIA KIRKLAND BARRIE

VP

09/03/2008

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