

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011797

FILED
Apr 23, 2009
Secretary of State

Entity Name: FIRST CARE FAMILY PHYSICIANS, LLC

Current Principal Place of Business:

1049 EBER BOULEVARD
101/102
MELBOURNE, FL 32904 US

New Principal Place of Business:

1051 EBER BOULEVARD
101/102
MELBOURNE, FL 32904 US

Current Mailing Address:

110 LONGWOOD AVENUE
ROCKLEDGE, FL 32955 US

New Mailing Address:

110 LONGWOOD AVENUE
P O BOX 565002, MS75
ROCKLEDGE, FL 32956 US

FEI Number: 20-8348510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WUESTHOFF FAMILY PHYSICIANS
110 LONGWOOD AVENUE
ROCKLEDGE, FL 32955 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 () Delete
Name: WUESTHOFF FAMILY PHYSICIANS, 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

04/23/2009

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