2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008
Secretary of State

DOCUMENT# L07000022993

Entity Name: TRINITY FAMILY PHYSICIANS, P.L.

Current Principal Place of Business:

2539 PRAIRIE VIEW DRIVE
WINTER GARDENS, FL 34787

New Principal Place of Business:

1817 CYPRESS BROOK DRIVE
SUITE 101
TRINITY, FL 34655

Current Mailing Address:

2539 PRAIRIE VIEW DRIVE
WINTER GARDENS, FL 34787

New Mailing Address:

3152 LITTLE ROAD
#408
TRINITY, FL 34655

FEI Number: 20-8632096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIRMOHAMMAD, AMIR M.D.
2539 PRAIRIE VIEW DRIVE
WINTER GARDENS, FL 34787 US

Name and Address of New Registered Agent:

SHIRMOHAMMAD, AMIR M.D.
3152 LITTLE ROAD
#408
TRINITY, FL 34655 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: 02/29/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR. ( ) Change (X) Addition
Name: SHIRMOHAMMAD, AMIR M.D.
Address: 3152 LITTLE ROAD, #408
City-St-Zip: TRINITY, FL 34655

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: AMIR SHIRMOHAMMAD DR 02/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date