

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042212

FILED
Mar 20, 2009
Secretary of State

Entity Name: FAMILY MEDICAL SPECIALISTS OF FLORIDA, PLC

Current Principal Place of Business:

1703 THONOTOSASSA ROAD
SUITE A
PLANT CITY, FL 33563

New Principal Place of Business:

1703 THONOTOSASSA ROAD
SUITE A
PLANT CITY, FL 33563 US

Current Mailing Address:

PO BOX 2044
PLANT CITY, FL 33564

New Mailing Address:

FEI Number: 20-8876699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIMNESS, MICHAEL PAUL
3119 GRASSLANDS DRIVE
LAKELAND, FL 33803 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: GIMNESS, MICHAEL PAUL
Address: 3119 GRASSLANDS DRIVE
City-St-Zip: LAKELAND, FL 33803

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: MICHAEL PAUL GIMNESS

MGRM

03/20/2009

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