

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000042212

**FILED**  
**Apr 03, 2010**  
**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 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2044  
PLANT CITY, FL 33564

**New Mailing Address:**

1703 THONOTOSASSA ROAD  
SUITE A  
PLANT CITY, FL 33563 US

**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:**

GIMNESS, MICHAEL PAUL MD  
3119 GRASSLANDS DRIVE  
LAKELAND, FL 33803 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: MICHAEL PAUL GIMNESS, MD

04/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: S  
Name: RIVERA-AMILL, MONICA MD  
Address: 16144 CHURCHVIEW DR, BUILDING A, SUITE 109  
City-St-Zip: LITHIA, FL 33547

I hereby 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, MD

PT

04/03/2010

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