

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049465

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** PRIMARY CARE ASSOCIATES OF FLORIDA LLC

**Current Principal Place of Business:**

1403 MEDICAL PLAZA DR., STE. 107  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

1403 MEDICAL PLAZA DR., STE. 107  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 41-2240188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ALEXIS, ALEXANDRA  
1403 MEDICAL PLAZA DR., STE. 107  
SANFORD, FL 32771 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: VALENTIN, EDEN'S  
Address: 1403 MEDICAL PLAZA DR., STE. 107  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: ALEXIS, ALEXANDRA  
Address: 1403 MEDICAL PLAZA DR., STE. 107  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** ALEXANDRA ALEXIS

MGRM

04/30/2009

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