

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049975

FILED
Jan 17, 2011
Secretary of State

Entity Name: CIRCLE OF HEALTH FAMILY PRACTICE, LLC

Current Principal Place of Business:

19 OLD KINGS ROAD
SUITE C101
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

19 OLD KINGS ROAD
SUITE C101
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 26-0142684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLINKY, ADRIENNE B
19 OLD KINGS ROAD NORTH
SUITE C101
PALM COAST, FL 32137 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: MGR
Name: DOLINKY, ADRIENNE
Address: 19 OLD KINGS ROAD NORTH SUITE C101
City-St-Zip: PALM COAST, FL 32137 US

Title: MGR
Name: DOLINKY, ADRIENNE B
Address: 19 OLD KINGS ROAD
City-St-Zip: PALM COAST, FL 32137

Title: MGR
Name: DOLINKY, ADRIENNE B
Address: 19 OLD KINGS ROAD NORTH STE C101
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Address: 19 OLD KINGS ROAD
City-St-Zip: PALM COAST, FL 32137

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: ADRIENNE DOLINKY

MGR

01/17/2011

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