

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049975

**FILED
Mar 29, 2012
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: MGRM
Name: DOLINKY, ADRIENNE
Address: 19 OLD KINGS ROAD NORTH SUITE C101
City-St-Zip: PALM COAST, FL 32137 US

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 B DOLINKY MGRM 03/29/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date