2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

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Entity Name: FAMILY MEDICINE OF BOCA RATON ASSOCIATES, LLC

Current Principal Place of Business:

5458 TOWN CENTER ROAD
SUITE 21
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

5458 TOWN CENTER ROAD
SUITE 21
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 26-0504515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEIMARK, CORT ESQ.
100 SE 3RD AVENUE
SUITE 1100
FORT LAUDERDALE, FL 33394 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: FLECK, LAUREEN M
Address: 21401 GOSIER WAY
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM
Name: WILLEY, MICHELE E
Address: 5458 TOWN CENTER ROAD SUITE 21
City-St-Zip: BOCA RATON, FL 33486

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 Statues.

SIGNATURE: LAUREEN FLECK MGRM 04/26/2011

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