

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081916

FILED
Jan 15, 2009
Secretary of State

Entity Name: ALLHEALTH PRIMARY CARE,LLC

Current Principal Place of Business:

3190 MCMULLEN BOOTH ROAD
SUITE#201
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

3190 MCMULLEN BOOTH ROAD
SUITE#201
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 26-0692288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADAN, SANJAY
3190 MCMULLEN BOOTH ROAD
SUITE#201
CLEARWATER, FL 33761 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 () Delete
Name: MADAN, SANJAY
Address: 207 HIGHLAND WOODS DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGR () Delete
Name: BUTT, ATTA U
Address: 1532 SEAGUL DR.APT#301
City-St-Zip: PALM HARBOR, FL 34685

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: SANJAY MADAN

MD

01/15/2009

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