

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085953

Entity Name: FAMILY CLINIC, LLC

FILED
Apr 28, 2010
Secretary of State

Current Principal Place of Business:

4128 NORTSHORE ROAD
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

4128 NORTSHORE ROAD
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 74-3230055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, DAVID E
430 BUCKHORN DRIVE
SOPCHOPPY, FL 32358 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: RITTMAN, CHRISTOPHER
Address: 503 EAST 2ND STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM
Name: RITTMAN, KYMBERLY D
Address: 503 EAST 2ND STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM
Name: PIERCE, DAVID E
Address: P O BOX 94
City-St-Zip: SOPCHOPPY, FL 32358

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: DAVID E PIERCE

MGRM

04/28/2010

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