

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097539

FILED
Feb 08, 2010
Secretary of State

Entity Name: FAMILY MEDICINE & CLINICAL RESEARCH OF CENTRAL FLORIDA LLC

Current Principal Place of Business:

1603 S HIAWASSEE
115
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

1603 S HIAWASSEE
115
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 77-0699953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAY, DENNIS G II
2401 LAKE DEBRA DRIVE
1514
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

GAY, DENNIS G II
7807 CANYON LAKE CIRCLE
1514
ORLANDO, FL 32835 US

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: _____

02/08/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GAY, DENNIS G II
Address: 1603 S HIAWASSEE, SUITE 115
City-St-Zip: ORLANDO, FL 32835

Title: VP
Name: GAY, DENNIS G SR
Address: 1603 S HIAWASSEE
City-St-Zip: ORLANDO, FL 32835

Title: ST
Name: GAY, BARBARA A
Address: 1603 S HIAWASSEE
City-St-Zip: ORLANDO, FL 32835

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: DENNIS G. GAY SR.

VP

02/08/2010

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