

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106009

FILED
Apr 29, 2008
Secretary of State

Entity Name: FAMILY MEDICAL CARE OF PALM COAST, LLC

Current Principal Place of Business:

28 OLD KINGS RD NORTH
PALM COAST, FL 32137 US

New Principal Place of Business:

21 HOSPITAL DRIVE SUITE 230
PALM COAST, FL 32164 US

Current Mailing Address:

28 OLD KINGS RD NORTH
PALM COAST, FL 32137 US

New Mailing Address:

PO BOX 354339
PALM COAST, FL 32135 US

FEI Number: 26-0607201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VICENCIO, ANTONIO III
28 OLD KINGS RD NORTH
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

VICENCIO, ANTONIO III
21 HOSPITAL DRIVE SUITE 230
PALM COAST, FL 32137 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: ANTONIO S VICENCIO III

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VICENCIO, ANTONIO III
Address: 28 OLD KINGS RD NORTH
City-St-Zip: PALM COAST, FL 32137 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VICENCIO, CECILIA
Address: 21 HOSPITAL DRIVE SUITE 230
City-St-Zip: PALM COAST, FL 32164 US

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: CECILIA H VICENCIO

OM

04/29/2008

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