

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000106009

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** FAMILY MEDICAL CARE OF PALM COAST, LLC

**Current Principal Place of Business:**

21 HOSPITAL DRIVE SUITE 230  
PALM COAST, FL 32164 US

**New Principal Place of Business:**

21 HOSPITAL DRIVE  
SUITE 230  
PALM COAST, FL 32164 US

**Current Mailing Address:**

PO BOX 354339  
PALM COAST, FL 32135 US

**New Mailing Address:**

**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  
21 HOSPITAL DRIVE SUITE 230  
PALM COAST, FL 32137 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  
**Name:** VICENCIO, CECILIA  
**Address:** 21 HOSPITAL DRIVE SUITE 230  
**City-St-Zip:** PALM COAST, FL 32164 US

**Title:** PRES  
**Name:** VICENCIO, ANTONIO S III  
**Address:** 21 HOSPITAL DRIVE SUITE 230  
**City-St-Zip:** PALM COAST, FL 32164 US

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: CECILIA H VICENCIO

MGR

03/25/2010

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