

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106009

FILED  
May 01, 2012  
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:**

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

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

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

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

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

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

OM

05/01/2012

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