

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112030

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** TALLAHASSEE HEALTH CLINIC, LLC

**Current Principal Place of Business:**

1706 RIGGINS ROAD  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

1706 RIGGINS ROAD  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**FEI Number:** 26-1368871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATACXIL, FILEMON R  
1773 SOUTH HILL N' DALE DR  
TALLAHASSEE, FL 32317 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:** PATACXIL, MERLINDA  
**Address:** 1773 SOUTH HILL N DALE DR  
**City-St-Zip:** TALLAHASSEE, FL 32317 US

**Title:** MGRM  
**Name:** PATACXIL, FILEMON  
**Address:** 1773 SOUTH HILL N DALE DR  
**City-St-Zip:** TALLAHASSEE, FL 32317 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: MERLINDA E PATACXIL

MGRM

01/12/2010

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