

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 09, 2010
Secretary of State

Entity Name: PATIENT CARE FIRST NETWORK, LLC

Current Principal Place of Business:

5024 NW 27TH CT
STE A
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

5024 NW 27TH CT
STE A
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 36-4622736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAUFFMAN, KIMBERLY
5024 NW 27TH CT
STE A
GAINESVILLE, FL 32606 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: PRES
Name: KAUFFMAN, KIMBERLY
Address: 5024 NW 27TH CT., STE A
City-St-Zip: GAINESVILLE, FL 32606

Title: S/T
Name: BREWER, CHARLES
Address: 715 S PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32502

Title: DIR
Name: WHIBBS, WILLIAM
Address: 715 S PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32502

Title: DIR
Name: ZIMMERN, WILLIAM MD
Address: 715 S PALAFOX ST
City-St-Zip: PENSACOLA, FL 32505

Title: DIR
Name: BENTON, THOMAS MD
Address: 5024 NW 27TH CT., STE A
City-St-Zip: GAINESVILLE, FL 32606

Title: DIR
Name: DOYLE, WILLIAM MD
Address: 5024 NW 27TH CT., STE A
City-St-Zip: GAINESVILLE, FL 32606

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: CHARLES BREWER

S/T

04/09/2010

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