

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115435

FILED  
Apr 21, 2011  
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: 705 S PALAFOX ST.  
City-St-Zip: PENSACOLA, FL 32502

Title: DIR  
Name: WHIBBS, WILLIAM  
Address: 705 S PALAFOX ST.  
City-St-Zip: PENSACOLA, FL 32502

Title: DIR  
Name: ZIMMERN, WILLIAM MD  
Address: 705 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: KIMBERLY KAUFFMAN

PRES

04/21/2011

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