# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 04, 2012**
**Secretary of State**

DOCUMENT# L07000115435

**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 Statues.

SIGNATURE: KIMBERLY KAUFFMAN MS. 01/04/2012

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