

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000002991

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA PHYSICIANS, LLC

**Current Principal Place of Business:**

12857 W COLONIAL DR  
SUITE 105  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

300 E CHURCH ST  
ORLANDO, FL 32801

**Current Mailing Address:**

PO BOX 783427  
WINTER GARDEN, FL 34778

**New Mailing Address:**

**FEI Number:** 80-0141034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARCA, NICANOR C  
12857 W COLONIAL DR  
WINTER GARDEN, FL 34787 US

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

ARCA, NICANOR C  
2400 BLACK LAKE BLVD  
WINTER GARDEN, FL 34787 US

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:

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ARCA, NICANOR C  
Address: 2400 BLACK LAKE BLVD  
City-St-Zip: WINTER GARDEN, FL 34787

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: SIGNING

MD

01/05/2012

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