

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004148

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** TALLAHASSEE FAMILY 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:**

1307 WALDEN ROAD  
TALLAHASSEE, FL 32317 US

**FEI Number:** 26-1734244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIAO, CLYDE L  
1307 WALDEN ROAD  
TALLAHASSEE, FL 32308 US

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

DIAO, CLYDE L  
1307 WALDEN ROAD  
TALLAHASSEE, FL 32317 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:**

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GABOR, CARMEN  
Address: 1307 WALDEN ROAD  
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: MGRM ( ) Delete  
Name: DIAO, CLYDE  
Address: 1307 WALDEN ROAD  
City-St-Zip: TALLAHASSEE, FL 32317 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** CLYDE L. DIAO

MGRM

04/30/2009

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