

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000004338

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** ALILIN FAMILY MEDICINE, LLC

**Current Principal Place of Business:**

7221 ALOMA AVENUE, SUITE 200  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

7221 ALOMA AVENUE, SUITE 200  
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number:** 30-0458058

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALILIN, LOUANNA  
7221 ALOMA AVENUE, SUITE 200  
WINTER PARK, FL 32792 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: MGR  
Name: ALILIN, E. ROGER JR.  
Address: 7221 ALOMA AVENUE, SUITE 200  
City-St-Zip: WINTER PARK, FL 32792

Title: MGR  
Name: ALILIN, BEN D  
Address: 7221 ALOMA AVENUE, SUITE 200  
City-St-Zip: WINTER PARK, FL 32792

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: BEN ALILIN

MGR

02/18/2010

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