

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015443

FILED
Jan 05, 2010
Secretary of State

Entity Name: FAMILY HEALTH CENTER LLC

Current Principal Place of Business:

10641 HAMMOCKS BLVD.
APT. 324
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

10641 HAMMOCKS BLVD.
APT. 324
MIAMI, FL 33196

New Mailing Address:

FEI Number: 33-1203289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRYCE, KASEY L
10641 HAMMOCKS BLVD.
APT. 324
MIAMI, FL 33196 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: MGRM
Name: PRYCE, KASEY L
Address: 10641 HAMMOCKS BLVD.
City-St-Zip: MIAMI, FL 33196

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: KASEY L PRYCE

MGRM

01/05/2010

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