

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000015443

**FILED**  
**Jan 10, 2011**  
**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:**

300 WEST 41ST ST.  
SUITE 200  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

10641 HAMMOCKS BLVD.  
APT. 324  
MIAMI, FL 33196

**New Mailing Address:**

300 WEST 41ST ST.  
SUITE 200  
MIAMI BEACH, FL 33140

**FEI Number:** 33-1203289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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:**

PRYCE, KASEY L  
2383 FLAMINGO DR.  
APT. 5  
MIAMI BEACH, FL 33140 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:

01/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PRYCE, KASEY L  
Address: 2383 FLAMINGO DR. APT. 5  
City-St-Zip: MIAMI BEACH, FL 33140

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

01/10/2011

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