

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018407

FILED
Apr 23, 2011
Secretary of State

Entity Name: GAYNAIR FAMILY MEDICINE, LLC

Current Principal Place of Business:

4900 WEST OAKLAND PARK BLVD
SUITE 202
LAUDERDALE LAKES, FL 33313

New Principal Place of Business:

Current Mailing Address:

PO BOX 15668
PLANTATION, FL 33318

New Mailing Address:

4900 WEST OAKLAND PARK BLVD
SUITE 202
LAUDERDALE LAKES, FL 33313

FEI Number: 35-2326507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SURRY, KENNETH D. MANAGER
4900 W. OAKLAND PK BLVD
SUITE 202
LAUDERDALE LAKES, FL 33313 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: GAYNAIR- SURRY, KAREN A MD
Address: 4900 WEST OAKLAND PARK BLVD, STE 202
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: MGRM
Name: SURRY, KENNETH
Address: 4900 W OAKLAND PK BLVD, STE 202
City-St-Zip: LAUDERDALE LAKES, FL 33313

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: KAREN GAYNAIR-SURRY

MD

04/23/2011

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