

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000048492

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** LAKE WALES PRIMARY CARE CENTER, LLC

**Current Principal Place of Business:**

1120 CARLTON AVENUE  
JFM EXECUTIVE BUILDING SUITE 2300  
LAKE WALES, FL 33853 US

**New Principal Place of Business:**

**Current Mailing Address:**

4010 GUNN HIGHWAY  
220B  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 26-2611304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEDICAL CARE CENTER, LLC  
4010 GUNN HIGHWAY  
220B  
TAMPA, FL 33618 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: MEDICAL CARE CENTERS, LLC  
Address: 4010 GUNN HIGHWAY SUITE 220B  
City-St-Zip: TAMPA, FL 33618 US

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: NAZEER KHAN

MGRM

04/27/2011

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