

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050169

FILED
Mar 19, 2009
Secretary of State

Entity Name: AMERICAN FAMILY MEDICAL, LLC

Current Principal Place of Business:

1101 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

1805 SE 16TH AVE
1201
OCALA, FL 34471

Current Mailing Address:

1101 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

1805 SE 16TH AVE
1201
OCALA, FL 34471

FEI Number: 26-2791854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THE HEALTH LAW FIRM
1101 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

OLIVER, DAVID L DO
1805 SE 16TH AVE
1201
OCALA, FL 34471 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: DAVID OLIVER

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR () Change (X) Addition
Name: OLIVER, DAVID L DO
Address: 5248 SE 39 LOOP
City-St-Zip: Ocala, FL 34480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID OLIVER

DR

03/19/2009

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