

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000050169

**Entity Name:** AMERICAN FAMILY MEDICAL, LLC

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1805 SE 16TH AVE  
1201  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

1805 SE 16TH AVE  
1201  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 26-2791854      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

OLIVER, DAVID L DO  
1805 SE 16TH AVE  
1201  
OCALA, FL 34471 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: DR  
Name: OLIVER, DAVID L DO  
Address: 5248 SE 39 LOOP  
City-St-Zip: OCALA, FL 34480

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: LYNETTE OLIVER

RN

02/18/2010

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