

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050169

FILED
Mar 09, 2011
Secretary of State

Entity Name: AMERICAN FAMILY MEDICAL, LLC

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: DAVID OLIVER

DR

03/09/2011

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