2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064367

1921 EAST NINE MILE ROAD

City-St-Zip: PENSACOLA, FL 32514

Address:

Entity Name: GREATER GULF COAST PRIMARY CARE, LLC

FILED Jan 09, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	T NINE MILE RO DLA, FL 32514	DAD			
Current Mailing Address:			New Mailing Address:		
	T NINE MILE RO DLA, FL 32514	DAD			
FEI Number: 26-2939979 FE		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	ırrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
201 SOUT PENSACC The above	REGORY D 'H BAYLEN STF DLA, FL 32502 named entity so e of Florida.	UŚ	purpose of changing its registere	ed office or registered agent, or both	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () SNOW, KAREN 1921 EAST NINE PENSACOLA, FL	MILE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () I CHEN, ALICIA D 1921 EAST NINE PENSACOLA, FL	MILE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM () MILEY, JENNIFE	Delete R DR	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: KAREN SNOW MGRM 01/09/2009