

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000064367

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** GREATER GULF COAST PRIMARY CARE, LLC

**Current Principal Place of Business:**

1921 EAST NINE MILE ROAD  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

1921 EAST NINE MILE ROAD  
PENSACOLA, FL 32514

**New Mailing Address:**

**FEI Number:** 26-2939979

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, GREGORY D  
201 SOUTH BAYLEN STREET, STE A  
PENSACOLA, FL 32502 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:** SNOW, KAREN DR  
**Address:** 1921 EAST NINE MILE ROAD  
**City-St-Zip:** PENSACOLA, FL 32514

**Title:** MGRM  
**Name:** CHEN, ALICIA DR  
**Address:** 1921 EAST NINE MILE ROAD  
**City-St-Zip:** PENSACOLA, FL 32514

**Title:** MGRM  
**Name:** MILEY, JENNIFER DR  
**Address:** 1921 EAST NINE MILE ROAD  
**City-St-Zip:** PENSACOLA, FL 32514

**Title:** MGRM  
**Name:** HULTSTRAND, HILLARY DR  
**Address:** 1921 EAST NINE MILE ROAD  
**City-St-Zip:** PENSACOLA, FL 32514

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:** KAREN SNOW

MGRM

04/12/2010

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