

# **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