2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000069294

Entity Name: MURDOCK FAMILY MEDICINE, LLC

Current Principal Place of Business:

19531 COCHRAN BLVD.
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

19531 COCHRAN BLVD.
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 65-0754235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, DARRELL C
C/O SHUMAKER, LOOP & KENDRICK, LLP
1001 EAST KENNEDY BLVD., STE. 2800
TAMPA, FL 33602 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO ( ) Change (X) Addition
Name: PEET, GEURT
Address: 19531 COCHRAN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: CFO ( ) Change (X) Addition
Name: FOX, BRIAN
Address: 19531 COCHRAN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33948

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.

SIGNATURE: GEURT PEET CEO 04/30/2009

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