

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071873

FILED
Apr 29, 2009
Secretary of State

Entity Name: LEESBURG PRIMARY CARE CENTER, LLC

Current Principal Place of Business:

620 SOUTH LAKE STREET
UNIT 5
LEESBURG, FL 32159

New Principal Place of Business:

Current Mailing Address:

6916 W LINEBAUGH AVENUE
SUITE 101
TAMPA, FL 33625

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SNS MANAGEMENT, LLC
6916 W LINEBAUGH AVENUE
SUITE 101
TAMPA, FL 33763 US

Name and Address of New Registered Agent:

MEDICAL CARE CENTERS, LLC
6916 W LINEBAUGH AVENUE
SUITE 101
TAMPA, FL 33763 US

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: NAZEER H. KHAN, M.D.

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEDICAL CARE CENTERS, LLC
Address: 6916 W. LINEBAUGH AVENUE, SUITE 101
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NAZEER H. KHAN, M.D.

MGRM

04/29/2009

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