

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078208

FILED
Apr 30, 2009
Secretary of State

Entity Name: MULTI-SPECIALTY & PRIMARY CARE PRACTICE GROUP OF LAKE WALES, LLC

Current Principal Place of Business:

1255 HIGHWAY 60 EAST
100
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

1255 HIGHWAY 60 EAST
100
LAKE WALES, FL 33853

New Mailing Address:

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

Name and Address of Current Registered Agent:

PRESLEY, MICHAEL R ESQ.
10006 CROSS CREEK BLVD.
521
TAMPA, FL 33647 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 () Delete
Name: CHANDRASEKHAR, KOLLAGUNTA S MD
Address: 1255 HIGHWAY 60, SUITE 100
City-St-Zip: LAKE WALES, FL 33853

Title: MGRM () Delete
Name: PASS, CAROLYN D MD
Address: 1255 HIGHWAY 60, SUITE 100
City-St-Zip: LAKE WALES, FL 33853

Title: MGRM () Delete
Name: FAROUK, BELAL MD
Address: 1255 HIGHWAY 60, SUITE 100
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES:

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

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

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: KOLLAGUNTA CHANDRASEKHAR

MGRM

04/30/2009

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