

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097025

FILED
Apr 28, 2009
Secretary of State

Entity Name: ROMERO FAMILY MEDICINE, P.L.L.C.

Current Principal Place of Business:

3835 CRESTWOOD CIRCLE
WESTON, FL 33331 US

New Principal Place of Business:

1865 N. CORPORATE LAKES BLVD
SUITE 2B
WESTON, FL 33326 US

Current Mailing Address:

3835 CRESTWOOD CIRCLE
WESTON, FL 33331 US

New Mailing Address:

FEI Number: 26-3531973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLINGER, STEVEN R
1792 BELL TOWER LANE
WESTON, FL 33326 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: ROMERO, CARLOS H DO
Address: 3835 CRESTWOOD CIRCLE
City-St-Zip: WESTON, FL 33331 US

Title: MGRM () Delete
Name: ROMERO, JENNIFER A DO
Address: 3835 CRESTWOOD CIRCLE
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES:

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: JENNIFER A. ROMERO

MGRM

04/28/2009

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