2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

1865 N. CORPORATE LAKES BLVD
SUITE 2
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
Name: ROMERO, CARLOS H DO
Address: 3835 CRESTWOOD CIRCLE
City-St-Zip: WESTON, FL 33331 US

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

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 Statues.

SIGNATURE: JENNIFER ROMERO MGR 04/02/2010

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