

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000001539

**FILED**  
**Apr 03, 2011**  
**Secretary of State**

**Entity Name:** HOUSE CALL PHYSICIANS OF FLORIDA, LLC

**Current Principal Place of Business:**

2101 VISTA PARKWAY, 4019  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

2101 VISTA PARKWAY  
4019  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

2101 VISTA PARKWAY, 4019  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

2101 VISTA PARKWAY  
4019  
WEST PALM BEACH, FL 33411

**FEI Number:** 26-4018073

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KARTER, QUINN  
2101 VISTA PARKWAY  
4019  
WEST PALM BEACH, FL 33413 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: KARTER, QUINN  
Address: 2010 VISTA PARKWAY, 4019  
City-St-Zip: WEST PALM BEACH, FL 33413

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 Statutes.

SIGNATURE: QUINN KARTER

MGRM

04/03/2011

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