

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000051818

FILED
Apr 01, 2010
Secretary of State

Entity Name: NORTH FLORIDA PHYSICIAN EXTENDERS L.L.C.

Current Principal Place of Business:

2045 PROFESSIONAL CENTER DRIVE
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2235
ORANGE PARK, FL 32067 US

New Mailing Address:

FEI Number: 27-0251842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINTOR, MARIA C
2045 PROFESSIONAL CENTER DRIVE
ORANGE PARK, FL 32073 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: PINTOR, MARIA C
Address: 2045 PROFESSIONAL CENTER DRIVE
City-St-Zip: ORANGE PARK, FL 32073 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 Statutes.

SIGNATURE: MARIA C. PINTOR

MGRM

04/01/2010

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