

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000051818

FILED
Apr 27, 2011
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:

PINTOR, MARIA C
7246 SAN CARLOS ROAD
JACKSONVILLE, FL 32217 US

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: MARIA C PINTOR

04/27/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PINTOR, MARIA C
Address: 7246 SAN CARLOS ROAD
City-St-Zip: JACKSONVILLE, FL 32217 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

04/27/2011

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