

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000061271

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Entity Name:** NORTH PORT PRIMARY CARE ASSOCIATION, P.L.

**Current Principal Place of Business:**

3583 ROYAL PALM DRIVE  
NORTH PORT, FL 34288

**New Principal Place of Business:**

**Current Mailing Address:**

3583 ROYAL PALM DRIVE  
NORTH PORT, FL 34288

**New Mailing Address:**

**FEI Number:** 27-0586429

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, THOMASB  
150 2ND AVENUE NORTH, SUITE 1100  
ST. PETERSBURG, FL 33701 US

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

PATEL, GIRISH D MD  
3583 ROYAL PALM DRIVE  
NORTH PORT, FL 34288 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: GIRISH D PATEL, MD

02/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MD  
Name: PATEL, GIRISH D  
Address: 3583 ROYAL PALM DRIVE  
City-St-Zip: NORTH PORT, FL 34288

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: GIRISH D PATEL

MD

02/25/2010

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