2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# L09000061271

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

Current Principal Place of Business:

2500 BOBCAT VILLAGE CENTER RD., STE E
NORTH PORT, FL 34288

New Principal Place of Business:

Current Mailing Address:

2500 BOBCAT VILLAGE CENTER RD., STE E
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:

PATEL, GIRISH D MD
3583 ROYAL PALM DRIVE
NORTH PORT, FL 34288 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: MD
Name: PATEL, GIRISH D
Address: 2500 BOBCAT VILLAGE CENTER RD., STE E
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 Statues.

SIGNATURE: GIRISH D PATEL MD 01/04/2011

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