2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2012
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 (X)**

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:

PATEL, GIRISH D MD
6396 N BISCAYNE DR
NORTH PORT, FL 34291 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 04/24/2012
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 04/24/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date