

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000091667

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** CENTURY CLINICAL FAMILY MEDICINE LLC

**Current Principal Place of Business:**

1410 LPGA BLVD  
140  
DAYTONA BEACH, FL 32117

**New Principal Place of Business:**

1410 LPGA BLVD  
136  
DAYTONA BEACH, FL 32117

**Current Mailing Address:**

1410 LPGA BLVD  
140  
DAYTONA BEACH, FL 32117

**New Mailing Address:**

1410 LPGA BLVD  
136  
DAYTONA BEACH, FL 32117

**FEI Number:** 27-0973519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GASKIN, THOMAS L JR  
108 PLEASANT VALLEY DRIVE  
DAYTONA BEACH, FL 32114 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: GASKIN, THOMAS L JR  
Address: 108 PLEASANT VALLEY DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGR  
Name: GASKIN, TINA G  
Address: 108 PLEASANT VALLEY DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32114

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: THOMAS GASKIN JR

MGRM

03/19/2010

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