

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000093610

FILED
Apr 21, 2010
Secretary of State

Entity Name: THE CLINIC AT WALMART OPERATED BY WUESTHOFF HEALTH SYSTEM, LLC

Current Principal Place of Business:

150 N SYKES CREEK PARKWAY
SUITE 300
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

110 LONGWOOD AVENUE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 27-1051852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WUESTHOFF FAMILY PHYSICIANS INC
110 LONGWOOD AVENUE
ROCKLEDGE, FL 32955 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: WUESTHOFF FAMILY PHYSICIANS INC
Address: 110 LONGWOOD AVENUE
City-St-Zip: ROCKLEDGE, FL 32953

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: LYNDIA KIRKLAND BARRIE

VP

04/21/2010

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