

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000018098

FILED
Apr 28, 2011
Secretary of State

Entity Name: FAMILY MEDICINE OF OCALA, P.L.L.C.

Current Principal Place of Business:

2560 S.W. 35TH STREET
OCALA, FL 34471

New Principal Place of Business:

2560 S.W. 35TH STREET
OCALA, FL 34471 US

Current Mailing Address:

2560 S.W. 35TH STREET
OCALA, FL 34471

New Mailing Address:

FEI Number: 27-1949034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, DAVID A ESQ.
201 S.W. SECOND STREET, SUITE 101
OCALA, FL 34471 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: DR
Name: UMANA, GABRIEL M
Address: 2560SW 35TH ST
City-St-Zip: OCALA, FL 34471 US

Title: MRS
Name: UMANA, MONICA
Address: 2560SW 35TH ST
City-St-Zip: OCALA, FL 34471 US

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: GABRIEL M. UMANA

DR

04/28/2011

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