

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000036567

FILED
Apr 12, 2011
Secretary of State

Entity Name: W & W PHYSICIAN PRACTICE MANAGEMENT, LLC

Current Principal Place of Business:

30711 SADDLEBAG TRAIL
MYAKKA CITY, FL 34251 US

New Principal Place of Business:

Current Mailing Address:

30711 SADDLEBAG TRAIL
MYAKKA CITY, FL 34251 US

New Mailing Address:

FEI Number: 27-2282663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, KAREN
30711 SADDLEBAG TRAIL
MYAKKA CITY, FL 34251 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: WILLIAMS, KAREN
Address: 30711 SADDLEBAG TRAIL
City-St-Zip: MYAKKA CITY, FL 34251 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: KAREN WILLIAMS

MGRM

04/12/2011

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