

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000070784

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** SPRING HILL PRIMARY CARE LLC

**Current Principal Place of Business:**

14202 CARLISLE DR  
SPRING HLL, FL 34609

**New Principal Place of Business:**

34 SEVEN HILLS DR  
SPRING HLL, FL 34609

**Current Mailing Address:**

14202 CARLISLE DR  
SPRING HLL, FL 34609

**New Mailing Address:**

34 SEVEN HILLS DR  
SPRING HILL, FL 34609

**FEI Number:** 27-3039542

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOLLI, LAKSHMI  
14202 CARLISLE DR  
SPRING HILL, FL 34609 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:** MGR  
**Name:** KOLLI, LAKSHMI  
**Address:** 14202 CARLISLE DR  
**City-St-Zip:** SPRING HILL, FL 34609

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:** LAKSHMI KOLLI

MGRM

01/04/2011

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