

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000092433

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** MID FLORIDA ADULT MEDICINE, LLC

**Current Principal Place of Business:**

280 WEKIVA SPRINGS RD.  
SUITE 1000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

280 WEKIVA SPRINGS RD.  
SUITE 1000  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 27-3389240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FABRE, MANUEL J  
280 WEKIVA SPRINGS RD  
SUITE 1000  
LONGWOOD, FL FL US

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

TAMAYO, RAUL E  
280 WEKIVA SPRINGS RD  
SUITE 1000  
LONGWOOD, FL FL US

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:** RAUL E TAMAYO

03/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** TAMAYO, RAUL E  
**Address:** 280 WEKIVA SPRINGS RD SUITE 1000  
**City-St-Zip:** LONGWOOD, FL 32779

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:** RAUL E TAMAYO

MGR

03/23/2011

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