2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2012
Secretary of State

DOCUMENT# L10000092433

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:

280 WEKIVA SPRINGS RD
SUITE 1000
LONGWOOD, FL 32779

FEI Number: 27-3389240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAMAYO, RAUL E
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 32779 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: _____ 04/02/2012

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 Statues.

SIGNATURE: RAUL E TAMAYO MD OWNE 04/02/2012

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