

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000094117

FILED
Mar 30, 2012
Secretary of State

Entity Name: DESTIN FAMILY MEDICINE, LLC

Current Principal Place of Business:

300 C HARBOR BLVD
DESTIN, FL 32541

New Principal Place of Business:

339 NW RACETRACK ROAD
SUITE 2
FT WALTON BEACH, FL 32547

Current Mailing Address:

265 COUNTRY CLUB RD
SHALIMAR, FL 32579

New Mailing Address:

339 NW RACETRACK ROAD
SUITE 2
FT WALTON BEACH, FL 32547

FEI Number: 27-3342571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESCOFFERY, WILLIAM M
300 C HARBOR BLVD
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

ESCOFFERY, WILLIAM M
339 NW RACETRACK ROAD
SUITE 2
FT WALTON BEACH, FL 32547 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:

03/30/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ESCOFFERY, WILLIAM M
Address: 339 NW RACETRACK ROAD
City-St-Zip: FT WALTON BEACH, FL 32547

Title: MGR
Name: ESCOFFERY, LESLIE
Address: 339 NW RACETRACK ROAD
City-St-Zip: FT WALTON BEACH, FL 32547

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: WILLIAM M. ESCOFFERY

MGR

03/30/2012

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