

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000104409

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** TUI FAMILY MEDICINE PL

**Current Principal Place of Business:**

3817 CALLIOPE AVE  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

4554 CLYDE MORRIS BLVD  
SUITE 2  
PORT ORANGE, FL 32129 US

**Current Mailing Address:**

3817 CALLIOPE AVE  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

P.O. BOX 290035  
PORT ORANGE, FL 32129 US

**FEI Number:** 27-3657146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PHYSICIANS RESOURCE LLC  
200 EAST GRANADA BLVD  
304  
ORMOND BEACH, FL 32176 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:** SRISAWAT, ANUNPORN  
**Address:** 3817 CALLIOPE AVE  
**City-St-Zip:** PORT ORANGE, FL 32129 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:** ANUNPORN SRISAWAT

MGRM

02/28/2011

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