2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2012
Secretary of State

DOCUMENT# L10000104409

Entity Name: TUI FAMILY MEDICINE PL

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:

SRISAWAT, ANUNPORN
3817 CALLIOPE AVE
PORT ORANGE, FL 32129 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: ANUNPORN SRISAWAT 02/14/2012

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 Statues.

SIGNATURE: ANUNPORN SRISAWAT MGRM 02/14/2012

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