

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000120665

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** PRIMARY CHOICE MEDICAL, LLC

**Current Principal Place of Business:**

509 WEST COLONIAL DRIVE  
ORLANDO, FL 32804

**New Principal Place of Business:**

1337 WEST COLONIAL DRIVE  
ORLANDO, FL 32804

**Current Mailing Address:**

509 WEST COLONIAL DRIVE  
ORLANDO, FL 32804

**New Mailing Address:**

1337 WEST COLONIAL DRIVE  
ORLANDO, FL 32804

**FEI Number:** 27-4079966

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** PURCELL, LAFE  
**Address:** 1337 WEST COLONIAL DRIVE  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** MGRM  
**Name:** BIEHLER, THOMAS  
**Address:** 1337 W COLONIAL DR  
**City-St-Zip:** ORLANDO, FL 32804

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:** LAFE PURCELL

MGRM

03/17/2011

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