2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2012
Secretary of State

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Entity Name: INTERNAL MEDICINE/FAMILY PRACTICE ASSOCIATES, LLC

Current Principal Place of Business:

6100 ST. JOHNS AVENUE
SUITE 4
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1426
PALATKA, FL 32177 US

New Mailing Address:

FEI Number: 27-4981933 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOULTON, CLAUDE R
1354 NORTH LAURA STREET
JACKSONVILLE, FL 32206 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: FAMILY PRACTICE, DR. ASSEFA, LLC
Address: 6100 ST. JOHNS AVENUE, SUITE 4
City-St-Zip: PALATKA, FL 32177 US

Title: MGRM
Name: INDIVIDUALIZED MEDICINE, LLC
Address: 6100 ST. JOHNS AVENUE, SUITE 4
City-St-Zip: PALATKA, FL 32177 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: IRENA PACANOWSKA-ASSEFA, M.D. MGRM 02/12/2012

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