

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000059893

FILED
Jan 06, 2012
Secretary of State

Entity Name: FAMILY PRACTICE ASSOCIATES, LLC

Current Principal Place of Business:

4410-B NEWBERRY ROAD
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

4410-B NEWBERRY ROAD
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3093490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORSEMAN, MICHAEL M.D.
4410-B NEWBERRY ROAD
GAINESVILLE, FL 32607 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: PRES
Name: LEE PACK, RENE A MD
Address: 4410-B NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607 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: RENE A LEE PACK

PRES

01/06/2012

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