

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000143449

FILED
Apr 24, 2012
Secretary of State

Entity Name: FAMILY INTERNAL MEDICINE OF OCALA, LLC

Current Principal Place of Business:

1623 SW 1ST AVENUE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1623 SW 1ST AVENUE
OCALA, FL 34471

New Mailing Address:

FEI Number: 45-2988446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUCHAKULLA, RENUKA R
1623 SW 1ST AVENUE
OCALA, FL 34471 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: KUCHAKULLA, RENUKA R
Address: 1623 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471

Title: MGRM
Name: REDDY, KUCHAKULLA N
Address: 1623 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471

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: KUCHAKULLA N REDDY

MGRM

04/24/2012

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