

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90333 025 ****50.00

DOCUMENT # L95000000522

1. Entity Name
LIFE FAMILY PRACTICE CENTER, P.L.



Principal Place of Business
1501 U.S. HIGHWAY 441 NORTH, SUITE 1702
THE VILLAGES, FL 32159

Mailing Address
1501 U.S. HIGHWAY 441 NORTH, SUITE 1702
THE VILLAGES, FL 32159

24040576



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
59-3322085

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAUCAK, NELSON
1501 U.S. HIGHWAY 441 NORTH, SUITE 1702
THE VILLAGES, FL 32159

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

NELSON KRAUCAK, MD.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
KRAUCAK, NELSON
8985 NE 134TH AVENUE
LADY LAKE, FL 32159

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
KRAUCAK, NELSON
11265 S.E. SUNSET HARBOR RD.
SUMMERFIELD, FL 34491

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

NELSON KRAUCAK MD

4/5/04

(352) 750-4333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #