

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90091 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

DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3322085

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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, M.D.

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

(NOTE: Registered Agent signature required when reinstating)

1/5/05

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KRAUCAK, NELSON
11265 S.E. SUNSET HARBOR RD.
SUMMERFIELD, FL 34491

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, M.D.

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

1/5/05

Date

(352) 750-4333

Daytime Phone #