

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000522

FILED
Feb 22, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3322085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAUCAK, NELSON
1501 U.S. HIGHWAY 441 NORTH, SUITE 1702
THE VILLAGES, FL 32159 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 () Delete
Name: KRAUCAK, NELSON
Address: 11265 S.E. SUNSET HARBOR RD.
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: NELSON KRAUCAK

MGRM

02/22/2007

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