

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000522

FILED
May 01, 2009
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

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

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: DAN ARSENIJEVITH

05/01/2009

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 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: DAN ARSENIJEVITH

RA

05/01/2009

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