

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L95000000522

**FILED**  
**Mar 29, 2010**  
**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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**FEI Number:** 59-3322085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARSENIJEVITH, DAN  
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

03/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KRAUCAK, NELSON  
Address: 11201 SE SUNSET HARBOR RD  
City-St-Zip: SUMMERFIELD, FL 34491

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: DAN ARSENIJEVITH

RA

03/29/2010

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