

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001516

**FILED**  
**Feb 19, 2007**  
**Secretary of State**

**Entity Name:** PREMCARE FAMILY MEDICAL CENTER OF CENTRAL FLORIDA, L.C.

**Current Principal Place of Business:**

4501 S. SEMORAN BLVD.  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

4501 S. SEMORAN BLVD.  
ORLANDO, FL 32822

**New Mailing Address:**

FEI Number: 59-3519192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARDING, ROBERT L  
20 N. ORANGE AVENUE, SUITE 1000  
ORLANDO, FL 32801 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: MGR ( ) Delete  
Name: RASOOL, ABID M.D.  
Address: 4501 S. SEMORAN BLVD.  
City-St-Zip: ORLANDO, FL 32822

Title: MGR ( ) Delete  
Name: AWAN, MUHAMMAD  
Address: 4501 S. SEMORAN BLVD  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES:**

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

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: ABID RASOOL

MGR

02/19/2007

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