

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001516

FILED
Apr 13, 2009
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 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

04/13/2009

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