

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003375

FILED
Apr 21, 2009
Secretary of State

Entity Name: ISLAND FAMILY PHYSICIANS, L.L.C.

Current Principal Place of Business:

3909 EAST BAY DRIVE, SUITE 100
HOLMES BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

3909 EAST BAY DRIVE, SUITE 100
HOLMES BEACH, FL 34217

New Mailing Address:

FEI Number: 65-0926775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELHAM, STEPHEN G M.D.
3909 EAST BAY DRIVE, SUITE 100
HOLMES BEACH, FL 34217 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: PELHAM, STEVEN G
Address: 408 SPRING AVENUE
City-St-Zip: ANNA MARIA, FL 34217

Title: MGR () Delete
Name: KOSFELD, SCOTT L
Address: 702 JACARANDA
City-St-Zip: ANNA MARIA, FL 34216

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: SCOTT L KOSFELD

MGR

04/21/2009

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