2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000008914

1. Entity Name
PRIMARY CARE PHYSICIANS OF SANFORD, LLC

Principal Place of Business	Mailing Address
309 W. FIRST STREET SANFORD, FL 32771	309 W. FIRST STREET SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE

04092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3613295
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MAMONE, VINCENT J
309 W. FIRST STREET
SANFORD, FL 32771

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

100000128993
04/26/04-80036-015 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	VINCENT J. MAMONE
STREET ADDRESS	3724 WATERCREST DR.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	MGR
NAME	MAMONE, DEBRA A
STREET ADDRESS	3724 WATERCREST DR.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ Vincent J. Mamone, Mgr. 4/16/04 407 324-5035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #