

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

07-19-2005 90010 014 \*\*\*\*50.00

**DOCUMENT # L99000008914**

1. Entity Name  
**PRIMARY CARE PHYSICIANS OF SANFORD, LLC**



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

Mailing Address  
**309 W. FIRST STREET  
SANFORD, FL 32771**

0000101



07052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME VINCENT J. MAMONE  
STREET ADDRESS **3724 WATERCREST DR. 120 Archers Point**  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE MGR  
NAME MAMONE, DEBRA A  
STREET ADDRESS **3724 WATERCREST DR. 180 Archers Point**  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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**

**7/15/05**

**407-324-9526**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #