


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000008914 1. Entity Name PRIMARY CARE PHYSICIANS OF SANFORD, LLC	
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Principal Place of Business
**309 W. FIRST STREET
SANFORD, FL 32771**

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



03302006 No Chg-LLC

CR2E083 (11/05)

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	VINCENT J. MAMONE
STREET ADDRESS	120 ARCHERS POINT
CITY-ST-ZIP	LONGWOOD, FL 32779

TITLE	MGR
NAME	MAMONE, DEBRA A
STREET ADDRESS	120 ARCHERS POINT
CITY-ST-ZIP	LONGWOOD, FL 32779

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000547248
05/12/06-80016-018 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 609, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #