2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2012
Secretary of State

DOCUMENT# M11000003931

Entity Name: FLORIDA MEDICAL CARE, LLC

Current Principal Place of Business:

1935 GARRAUX RD NW
ATLANTA, GA 30327

New Principal Place of Business:

Current Mailing Address:

1935 GARRAUX RD NW
ATLANTA, GA 30327

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name: FLORIDA MEDICAL MANAGEMENT, LLC
Address: 1935 GARRAUX RD NW
City-St-Zip: ATLANTA, GA 30327

I hereby 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 Statues.

SIGNATURE: SAMUEL B. KELLETT MGR 03/27/2012

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