

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010149

Entity Name: WILSON FAMILY MEDICINE, LLC

Current Principal Place of Business:

2621 MITCHAM DR.
UNIT 103
TALLAHASSEE, FL 32308

Current Mailing Address:

2621 MITCHAM DR.
UNIT 103
TALLAHASSEE, FL 32308

FEI Number: 74-3041128

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, LES D MD
2621 MITCHAM DR.
103
TALLAHASSEE, FL 32308 US

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: LES WILSON, MD

01/24/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name WILSON, LES D MD
Address 2621 MITCHAN DR. #103
City-State-Zip: TALLAHASSEE FL 32308

Title MGRM
Name ERWIN-WILSON, VICKI M.D.
Address 2621 MITCHAM DR. #103
City-State-Zip: TALLAHASSEE FL 32308

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LES WILSON, MD

MGMBR

01/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date