

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010987

Entity Name: BURNT STORE FAMILY MEDICINE, P.L.

Current Principal Place of Business:

100 MADRID BLVD.
SUITE 513
PUNTA GORDA, FL 33950

Current Mailing Address:

C/O DAVID A. HOLMES
99 NESBIT STREET
PUNTA GORDA, FL 33950

FEI Number: 02-0609414

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLMES, DAVID A
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

| | | | |
|-----------------|--------------------------------|-----------------|--------------------------------|
| Title | MGRM | Title | MGR |
| Name | WANG, GORDON | Name | WANG, ALISON |
| Address | 100 MADRID BOULEVARD SUITE 513 | Address | 100 MADRID BOULEVARD SUITE 513 |
| City-State-Zip: | PUNTA GORDA FL 33950 | City-State-Zip: | PUNTA GORDA FL 33950 |

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GORDON WANG

MANAGER

04/05/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date