

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000091667

**Entity Name:** CENTURY CLINICAL FAMILY MEDICINE LLC

**Current Principal Place of Business:**

1410 LPGA BLVD  
136  
DAYTONA BEACH, FL 32117

**Current Mailing Address:**

1410 LPGA BLVD  
136  
DAYTONA BEACH, FL 32117

**FEI Number:** 27-0973519

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GASKIN, THOMAS LJR  
108 PLEASANT VALLEY DRIVE  
DAYTONA BEACH, FL 32114 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	GASKIN, THOMAS LJR	Name	GASKIN, TINA G
Address	108 PLEASANT VALLEY DRIVE	Address	108 PLEASANT VALLEY DRIVE
City-State-Zip:	DAYTONA BEACH FL 32114	City-State-Zip:	DAYTONA BEACH FL 32114

*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:** THOMAS GASKIN JR

**MANAGING MEMBER**

**01/25/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date