

2015 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
Name GASKIN, THOMAS LJR
Address 108 PLEASANT VALLEY DRIVE
City-State-Zip: DAYTONA BEACH FL 32114

Title MGR
Name GASKIN, TINA G
Address 108 PLEASANT VALLEY DRIVE
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS GASKIN JR.

MANAGING MEMBER

06/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date