

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000077779

**Entity Name:** HAWKINS FAMILY MEDICINE LLC**Current Principal Place of Business:**3120 SOUTHRIDE LANE  
BONIFAY, FL 32425**Current Mailing Address:**3120 SOUTHRIDE LANE  
BONIFAY, FL 32425 US**FEI Number:** 45-2720879**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HAWKINS FAMILY MEDICINE  
1311 HWY 177  
BONIFAY, FL 32425 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:** PATRICK HAWKINS, MD

04/11/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	OFFICE MANAGER
Name	WALKER, NATASHA
Address	3120 SOUTHRIDE LANE
City-State-Zip:	BONIFAY FL 32425

Title	ACCOUNTANT
Name	HAWKINS, LARRY
Address	3120 SOUTHRIDE LANE
City-State-Zip:	BONIFAY FL 32425

Title	MGR
Name	HAWKINS, PATRICK L. MD
Address	3120 SOUTHRIDE LANE
City-State-Zip:	BONIFAY FL 32425

*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:** NATASHA WALKER

OFFICE MANAGER

04/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date