

LO2000002873

Requester's Name



Viterbo A. Martinez
4879 SW 106th St.
Ocala, FL 34476-0520

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
400005255824--0
2. _____ (Corporation Name) _____ (Document #)
-04/12/02--01012--002
*****35.00 *****35.00
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certification Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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02 APR 11 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO2-2873

[Signature]

Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : LA FAMILIA MEDICAL CLINIC, LLC
2. The mailing address of the corporation : 4829 SW 106TH ST OCALA
FL 34476
3. Date of incorporation/qualification: 2/6/02 Document number: L02000002873
4. The name and address of the current registered agent and office:

VITERBO A. MARTINEZ, M.D.
5806 WILKING RD.
Ocala, FLORIDA 32808

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

6158 SW SR-200
Smiths 106-107, Ocala
FL 34476

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

V. Martinez, M.D.
(Signature of an officer, chairman or vice chairman of the board)

4/8/02
(Date)

VITERBO A. MARTINEZ, M.D. - Officer
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

V. Martinez M.D.
(Signature of Registered Agent)

4/8/02
(Date)

If signing on behalf of an entity:

VITERBO A. MARTINEZ, M.D. LA FAMILIA MEDICAL CLINIC, LLC
(Typed or Printed Name) (Capacity)

*** FILING FEE: \$35.00 ***