

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002873

**FILED**  
**Jul 11, 2005**  
**Secretary of State**

**Entity Name:** LA FAMILIA MEDICAL CLINIC, LLC

**Current Principal Place of Business:**

6158 S.W. S.R. 200  
STE. 106-107  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

6158 S.W. S.R. 200  
STE. 106-107  
OCALA, FL 34476

**New Mailing Address:**

**FEI Number:** 02-0551916      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MARTINEZ, VITERBO A  
6158 SW SR-200, SUITES 106-107  
OCALA, FL 34476 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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRP ( ) Delete  
**Name:** MARTINEZ, VITERBO A M.D.  
**Address:** 6158 S.W. SR 200, STES. 106-107  
**City-St-Zip:** Ocala, FL 34476

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: VITERBO ANTONIO MARTINEZ

MGRP

07/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date