

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002873

**FILED**  
**Feb 16, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

7625 SW 62ND CT  
STE. 100  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

7625 SW 62ND CT  
STE. 100  
OCALA, FL 34476

**New Mailing Address:**

**FEI Number:** 02-0551916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

MARTINEZ, VITERBO A  
7625 SW 62ND CT  
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:

02/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRP ( ) Delete  
Name: MARTINEZ, VITERBO A M.D.  
Address: 7625 SW 62ND CRT  
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 exemption stated in Chapter 119, 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: VIERBO A. MARTINEZ

MGRP

02/16/2009

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