

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002873

FILED  
Mar 22, 2012  
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  
7625 SW 62ND CT  
OCALA, FL 34476 US

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

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  
Name: MARTINEZ, VITERBO A M.D.  
Address: 7625 SW 62ND CRT  
City-St-Zip: Ocala, FL 34476

I hereby 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 A. MARTINEZ MD

MGRP

03/22/2012

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