

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90323 017 \*\*\*\*50.00

0009796

**DOCUMENT # L02000002873**

1. Entity Name  
**LA FAMILIA MEDICAL CLINIC, LLC**



Principal Place of Business      Mailing Address

**5806 VIKING ROAD**      **5806 VIKING ROAD**  
**ORLANDO FL 32808**      **ORLANDO FL 32808**

2. Principal Place of Business      3. Mailing Address

**6158 SW SR 200**      **6158 SW SR 200**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Ste 106-107**      **Ste 106-107**

City & State      City & State

**OCALA FL**      **OCALA FL**

Zip      Country      Zip      Country

**34476**      **USA**      **34476**      **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number      Applied For

**020551916**       Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **VITERBO ANTONIO MARTINEZ**      **AMT MD**      **7/8/03**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when resigning)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE <b>MANAGING PARTNER</b> <input type="checkbox"/> Delete	TITLE <b>VITERBO A MARTINEZ MD</b>
NAME <b>VITERBO A MARTINEZ MD</b>	STREET ADDRESS <b>6158 SW SR 200 Ste 106-107</b>
STREET ADDRESS <b>6158 SW SR 200 Ste 106-107</b>	CITY-ST-ZIP <b>OCALA FL 34476</b>
CITY-ST-ZIP <b>OCALA FL 34476</b>	
TITLE Name <input type="checkbox"/> Delete	TITLE Name <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE Name <input type="checkbox"/> Delete	TITLE Name <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE Name <input type="checkbox"/> Delete	TITLE Name <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE Name <input type="checkbox"/> Delete	TITLE Name <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Name <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE Name <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE Name <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE Name <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE Name <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE Name <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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: **SIGNATURE REQUIRED VITERBO A MARTINEZ MD**      **7/8/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (4/03)