

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089473

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** LA FAMILIA HEALTH PLAZA LLC

**Current Principal Place of Business:**

4879 SW 106TH ST  
OCALA, FL 34476

**New Principal Place of Business:**

7625 SW 62ND CT  
100  
OCALA, FL 34476

**Current Mailing Address:**

4879 SW 106TH ST  
OCALA, FL 34476

**New Mailing Address:**

7625 SW 62ND CT  
100  
OCALA, FL 34476

**FEI Number:** 76-1608124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTINEZ, VITERBO A  
4879 SW 106TH ST  
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: MGRM  
Name: MARTINEZ, VITERBO A  
Address: 4879 SW 106TH ST  
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

DR

01/04/2011

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