

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000012696

**Entity Name:** FLORIDA FAMILY CLINIC LLC

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1800 SW 27TH AVENUE  
SUITE 214  
MIAMI, FL 33145

**New Principal Place of Business:**

1800 SW 27TH AVENUE  
SUITE 214  
MIAMI, FL 33145 UN

**Current Mailing Address:**

1800 SW 27TH AVENUE  
SUITE 214  
MIAMI, FL 33145

**New Mailing Address:**

**FEI Number:** 80-0147219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUTIERREZ, RICARDO F  
1800 SW 27TH AVENUE  
SUITE 214  
MIAMI, FL 33145 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: MGR.  
Name: GUTIERREZ, RICARDO F  
Address: 1800 SW 27TH AVENUE, SUITE 214  
City-St-Zip: MIAMI, FL 33145

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: RICARDO GUTIERREZ

MGR

02/07/2012

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