2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: GOLDEN GATE FAMILY CLINIC, P.L.

Current Principal Place of Business:

5475 GOLDEN GATE PARKWAY
SUITE 7
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

5475 GOLDEN GATE PARKWAY
SUITE 7
NAPLES, FL 34116

New Mailing Address:

FEI Number: 26-0644814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHN C GOEDE, PA
8950 FONTANA DEL SOL WAY
SUITE 100
NAPLES, FL 34109 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: NYANUDOR, VAVA Y M.D.
Address: 9173 TREESIDE COURT
City-St-Zip: NAPLES, FL 34120

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 Statues.

SIGNATURE: VAVA NYANUDOR MGR 04/30/2012

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