

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002873

Entity Name: LA FAMILIA MEDICAL CLINIC, LLC

Current Principal Place of Business:

7625 SW 62ND CT
STE. 100
OCALA, FL 34476

Current Mailing Address:

7625 SW 62ND CT
STE. 100
OCALA, FL 34476

FEI Number: 02-0551916

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, VITERBO A
7625 SW 62ND CT
OCALA, FL 34476 US

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

Authorized Person(s) Detail :

Title MGRP
Name MARTINEZ, VITERBO AM.D.
Address 7625 SW 62ND CRT
City-State-Zip: Ocala FL 34476

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VITERBO ANTONIO MARTINEZ

OWNER/MD

03/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date