

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000089473

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

**Current Principal Place of Business:**

7625 SW 62ND CT  
100  
OCALA, FL 34476

**Current Mailing Address:**

7625 SW 62ND CT  
100  
OCALA, FL 34476

**FEI Number:** 76-1608124

**Certificate of Status Desired:** Yes

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

MARTINEZ, VITERBO A  
4879 SW 106TH ST  
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 MGRM  
Name MARTINEZ, VITERBO A  
Address 4879 SW 106TH ST  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VITERBO ANTONIO MARTINEZ

OWNER/MD

04/24/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date