

2015 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: No

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VITERBO A MARTINEZ MD

OWNER/MD

03/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date