

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000080264

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

**Current Principal Place of Business:**

5475 GOLDEN GATE PARKWAY  
SUITE 7  
NAPLES, FL 34116

**Current Mailing Address:**

5475 GOLDEN GATE PARKWAY  
SUITE 7  
NAPLES, FL 34116

**FEI Number:** 26-0644814

**Certificate of Status Desired:** No

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

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

*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:** VAVA NYANUDOR

**MGR**

**04/22/2015**

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

\_\_\_\_\_  
Date