

2018 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
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

03/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date