

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000012696

Entity Name: FLORIDA FAMILY CLINIC LLC

Current Principal Place of Business:

1800 SW 27TH AVENUE
SUITE 214
MIAMI, FL 33145

Current Mailing Address:

1800 SW 27TH AVENUE
SUITE 214
MIAMI, FL 33145

FEI Number: 80-0147219

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUTIERREZ, RICARDO F
1800 SW 27TH AVENUE
SUITE 214
MIAMI, FL 33145 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 GUTIERREZ, RICARDO F
Address 1800 SW 27TH AVENUE, SUITE 214
City-State-Zip: MIAMI FL 33145

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: RICARDO GUTIERREZ

MGR

03/18/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date