

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000013095

Entity Name: GAINESVILLE CONSOLE DOCTOR, LLC

Current Principal Place of Business:

1031 NW 6TH ST.
F-3
GAINESVILLE, FL 32601

Current Mailing Address:

1031 NW 6TH ST.
F-3
GAINESVILLE, FL 32601

FEI Number: 45-4377109

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRANT, DAVID R
2320 NW 66TH COURT
GAINESVILLE, FL 32653 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 GRANT, MARIEL
Address 1810 NW 34TH ST
City-State-Zip: GAINESVILLE FL 32605

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: MARIEL GRANT

OWNER

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date