2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2020
Secretary of State
6042884235CC

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Entity Name: PRIMARY CARE OF GAINESVILLE, LLC

Current Principal Place of Business:

6717 NW 11TH PLACE
SUITE B
GAINESVILLE, FL 32605

Current Mailing Address:

6717 NW 11TH PLACE
SUITE B
GAINESVILLE, FL 32605 US

FEI Number: 45-5625880

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMADRID, ERNESTO
6717 NW 11TH PLACE
SUITE B
GAINESVILLE, FL 32605 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	AMBR	Title	MGRM
Name	LAMADRID, NELIDA	Name	LAMADRID, ERNESTO
Address	6717 NW 11TH PLACE SUITE B	Address	6717 NW 11TH PLACE SUITE B
City-State-Zip:	GAINESVILLE FL 32605	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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NELIDA LAMADRID AUTHORIZED MEMBER 01/24/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date