

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000087772

**FILED**  
**Feb 16, 2016**  
**Secretary of State**  
**CC9812348969**

**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 SUITE C  
GAINESVILLE, FL 32605 US

**FEI Number:** 45-5625880

**Certificate of Status Desired:** No

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

LAMADRID, ERNESTO  
1026 SW 2ND AVENUE  
SUITE C  
GAINESVILLE, FL 32601 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	MANAGER	Title	OFFICE MANAGER
Name	LAMADRID, ERNESTO J	Name	LAMADRID, NELIDA
Address	1026-C SW 2ND AVENUE	Address	1026-C SW 2ND AVENUE
City-State-Zip:	GAINESVILLE FL 32601	City-State-Zip:	GAINESVILLE FL 32601

*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

**OFFICE MANAGER**

**02/16/2016**

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

\_\_\_\_\_  
Date