

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000087772

Entity Name: PRIMARY CARE OF GAINESVILLE, LLC

Current Principal Place of Business:

1026-C SW 2ND AVENUE
GAINESVILLE, FL 32601

Current Mailing Address:

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

Title OFFICE MANAGER
Name LAMADRID, NELIDA
Address 1026-C SW 2ND AVENUE
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

03/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date