

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000225489

**Entity Name:** LA FAMILIA HEALTH CLINIC LLC

**Current Principal Place of Business:**

7625 SW 62ND CT  
STE 100  
OCALA, FL 34476

**Current Mailing Address:**

7625 SW 62ND CT  
STE 100  
OCALA, FL 34476

**FEI Number:** 82-3258326

**Certificate of Status Desired:** No

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

ACORN TAX AND WEALTH ADVISORS LLC  
7494 SW 60TH AVE  
SUITE B  
OCALA, FL 34476 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:** AUSTIN VEALEY

01/02/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ROSARIO, MARIA  
Address 7625 SW 62ND CT STE 100  
City-State-Zip: Ocala FL 34476

Title AMBR  
Name ROSARIO, RAFAEL  
Address 7625 SW 62ND CT STE 100  
City-State-Zip: Ocala FL 34476

*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:** RAFAEL ROSARIO

AMBR

01/02/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date