

**2019 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:**

ROSARIO, RAFAEL  
7625 SW 62ND CT  
STE 100  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

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

Title           MGR  
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:** MARIA ROSARIO

**OFFICER**

**01/03/2019**

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

\_\_\_\_\_  
Date