2001 UNIFORM BUSINESS REPORT (UBR)

0024545 AF

DOCUMENT # L00000003678

1. Entity Name
FTA ALACHUA, L.C.

FILED
01 FEB 21 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
[illegible]	[illegible]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4423 NW 6TH PLACE	4423 NW 6TH PLACE
Suite, Apt. #, etc.: SUITE A	Suite, Apt. #, etc.: SUITE A
City & State: GAINESVILLE, FL	City & State: GAINESVILLE, FL
Zip: 32607 Country:	Zip: 32607 Country:

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FINLAYSON, GORDON C M.D. 711 S.W. 88TH TERRACE GAINESVILLE FL 32607	Name Street Address (P.O. Box Number is Not Acceptable): 4423 NW 6TH PLACE SUITE A City: GAINESVILLE FL Zip Code: 32607

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FINLAYSON, GORDON C M.D. 711 S.W. 88TH TERRACE GAINESVILLE FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4423 NW 6TH PLACE, SUITE A GAINESVILLE, FL 32607
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TARRANT, DARRELL G M.D. 6131 N.W. 43RD PLACE GAINESVILLE FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4423 NW 6TH PLACE,,SUITE A GAINESVILLE, FL 32607
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ALFINO, PAUL A M.D. 4226 S.W. 78TH STREET GAINESVILLE FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4423 NW 6TH PLACE, SUITE A GAINESVILLE, FL 32607
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 610003768966-2 -02/26/01--01161--016 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: X Gordon Finlayson MANAGER 2/13/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #