

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000003678

1. Entity Name
FTA ALACHUA, L.C.



Principal Place of Business

4423 NW 6TH PLACE
SUITE A
GAINESVILLE, FL 32607

Mailing Address

4423 NW 6TH PLACE
SUITE A
GAINESVILLE, FL 32607



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3645671

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINLAYSON, GORDON C M.D.
4423 NW 6TH PLACE
SUITE A
GAINESVILLE, FL 32607

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FINLAYSON, GORDON C M.D.
4423 NW 6TH PLACE, SUITE A
GAINESVILLE, FL 32607

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TARRANT, DARRELL G M.D.
4423 NW 6TH PLACE, SUITE A
GAINESVILLE, FL 32607

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ALFINO, PAUL A M.D.
4423 NW 6TH PLACE, SUITE A
GAINESVILLE, FL 32607

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000279859
03/29/05-80017-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/11/05

352-377-5600