

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 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**



01102006 No Chg-LLC

CR2E083 (11/05)

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 re-installing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**U00000504715
04/26/06-80084-014 50.00**

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

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/10/06

Date

352-377-5600

Daytime Phone if