

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003679

1. Entity Name
FTALJ PALATKA, L.C.

FILED

01 FEB 21 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

711 S.W. 88TH TERRACE
GAINESVILLE FL 32607

711 S.W. 88TH TERRACE
GAINESVILLE FL 32607

2. Principal Place of Business
4423 NW 6TH PLACE

3. Mailing Address
4423 NW 6TH PLACE

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.
SUITE A

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

Zip Country
32607

Zip Country
32607

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.

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 _____ (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 MGRM
NAME FINLAYSON, GORDON C M.D.
STREET ADDRESS 711 S.W. 88TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4423 NW 6TH PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE MGRM
NAME TARRANT, DARRELL G M.D.
STREET ADDRESS 6101 N.W. 13TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4423 NW 6TH PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE MGRM
NAME ALFINO, PAUL A
STREET ADDRESS 4928 S.W. 78TH STREET
CITY-ST-ZIP GAINESVILLE FL 32609 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4423 NW 6TH PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE MGRM
NAME JAYACHANDRA, PAUL D M.D.
STREET ADDRESS 3811 HEALTH PARK BOULEVARD, STE 211
CITY-ST-ZIP ST AUGUSTINE FL 32086 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4423 NW 6TH PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE MGRM
NAME LOPEZ-NIETO, CARLOS E M.D.
STREET ADDRESS 8214 S.W. 16TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4423 NW 6TH PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date 2/13/01 Daytime Phone #

CR2E083 (11/00)