## 2001 LINIEORM RUSINESS REDORT (URB)

DOCUMENT II LOCOCOCOTO													Ç
DOCUMENT # L0000003679  1. Entity Name						FILED							,
FTALJ PALATKA, L.C.													•
							0	I FEB 2	21 PM	2: 2			
Principal Place of Business Mailing Address													
XMXXMX 887H XERRAGEX SANGESVILLE FL-3867XX  CANGESVILLE FL-3867XX					1	SECRETARY OF STATE TALLAHASSEE.FLORIDA							
XXXXXXX	XXXXXX	XXXXXXXXXXXX				i						<b>4818</b> (8)( ( <b>81</b> )	
9 Bringing C	Place of Quainage	3. Mailing Address											
4423 NW	Place of Business 6TH PLACE	4423 NW 6TH PLACE				·		••••••				,	
Suite, Apt. SUITE A		Suite, Apt. #, etc.						DO NOT W	RITE IN TH	IIS SPACE		/	
City & Stat	le	City & State				4. FEI N	umber				<del></del>	plied For	]
Zip	ILLE, FL Country	GAINESVILLE,	try	y 5. Certificate of Status			. 5 .		\$5.0	O Add	t Applicable	$\dashv$	
32607		32607		·						Fee F	lequire		]
	6. Name and Address of Current F	legistered Agent		Name		7 Name	and Addr	ess of Nev	v Registere	a Agent			<del> </del> :
FINLAYSON, GORDON C M.D.					Street Address (P.O. Box Number is Not Acceptable) 4423 NW 6TH PLACE								1
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX													1
W III (COVI				SUITE A			<u> </u>	FL Zig Code 32607				$\frac{1}{1}$	
9. The above named patity of books this statement for the aurean of aboveing its raci					GAINESVILLE					<u> </u>	3260	07	-
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 at	nd title if applicable. (NOTE	: Registere	d Agent signatur	re required v	when reinstatir	ig)		DAT	E			
	,	ווויאו	FEE IS \$	50.00						-		1	
	• • •	Make Check Pa		-		State							
9.	MANAGING MEMBE	RS/MEMBERS	10.	<del></del>		i		ADDITION	NS/CHANG	ES		·	1
TITLE	MGRM FINLAYSON, GORDON C M.D.	☐ Delete	TITLE	1						<b>Ž</b> 0	hange	Addition	] [
NAME STREET ADDRESS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		nam Stre	ET ADDRESS	442	3 NW	6TH PL	ACE, S	SUITE A	A			8
CITY-ST-ZIP	SAINESVILLEXFLX32807XX		-	-ST-ZIP	GAI	NESVI	LLE, F	L 326	507			- 1 1 1 PM	R2E083 (11/00)
TITLE NAME	MGRM TARRANT, DARRELL G M.D.	☐ Delete	TITLE			O 1877	CMIZ DZ				hange	Addition	5
STREET ADDRESS CITY-ST-ZIP	6131x1\tWx13TtlxPLAGEx SAINESVILLEXFIX32695xx			ET ADDRESS - -ST-ZIP		23 NW 6TH PLACE, SUITE A INESVILLE, FL 32607							
TITLE	MGRM	☐ Delete	TITLE				·	<u></u> .		<u>⊠</u> c	hange	Addition	1
NAME STREET ADDRESS	ALFINO, PAUL A 14828-SWX787W-STREETXX		NAME	ET ADDRESS	442	3 NW (	STH PL	ACE. S	SUITE A	A			
CITY-ST-ZIP	CAINESVILLEXPLX32608XXX	ST-ZIP				L 326		<u> </u>					
TITLE NAME	MGRM Jayachandra, Paul D M.D.	☐ Delete	TITLE							<b>₹</b> €	hange	Addition	
STREET ADDRESS	EET ADDRESS STATEMENT PARK BRING PARK STEXA X				442	3 NW 6	TH PL	ACE, S	SUITE A	A			
CITY-ST-ZIP	ST.XAUGUSTINEXFX.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	□ Delete	CITY-	ST-ZIP	GAI	NESVI	LLE, F	L 326	507	[X] C	hanna	Addition	-
NAME	LOPEZ-NIETO, CARLOS E M.D.	C Delete	NAME	: [	442	2 NILJ 4	זכו ער	አሮፑ C	SUITE A		nanye	C Addition	1
STREET ADDRESS CITY-ST-ZIP	SAINS WX 16TH PLAGE XX CAINES VILLE PL 32567 XX			ET ADDRESS ST-ZIP				L 326		1			
TITLE 2		☐ Delete	TITLE		······	· <u>-</u> -		10/			hange	Addition	
NAME - TESS			NAME STREE	ET ADDRESS				<b>116</b> 0	QQ:	178	19	1 <b>2 1</b> — 13000	Ļ,
CITY-ST-ZIP				ST-ZIP			•	<u>-</u>	-02/27 <del>- ****</del>	7/05~	-010	03000	<b>\$</b>
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. 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.												U(	
VI-de Lille													
SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayling Phone #													