

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90352 003 \*\*\*\*50.00

**DOCUMENT # L00000003679**

1. Entity Name  
FTALJ PALATKA, 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



01142007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3646295

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FINLAYSON, GORDON C M.D.
STREET ADDRESS	4423 NW 6TH PLACE, SUITE A
CITY - ST - ZIP	GAINESVILLE, FL 32607
TITLE	MGRM
NAME	TARRANT, DARRELL G M.D.
STREET ADDRESS	4423 NW 6TH PLACE, SUITE A
CITY - ST - ZIP	GAINESVILLE, FL 32607
TITLE	MGRM
NAME	ALFINO, PAUL A
STREET ADDRESS	4423 NW 6TH PLACE, SUITE A
CITY - ST - ZIP	GAINESVILLE, FL 32607
TITLE	MGRM
NAME	JAYACHANDRA, PAUL D M.D.
STREET ADDRESS	301 HEALTH PARK BOULEVARD, STE 214
CITY - ST - ZIP	ST. AUGUSTINE, FL 32086
TITLE	MGRM
NAME	LOPEZ-NIETO, CARLOS E M.D.
STREET ADDRESS	8214 S.W. 16TH PLACE
CITY - ST - ZIP	GAINESVILLE, FL 32607
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

*4/12/07*

Date

*352-377-5600*

Daytime Phone #