

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 20, 2007 8:00 am
Secretary of State

07-20-2007 90040 019 ****50.00

DOCUMENT # L02000002873

1. Entity Name

LA FAMILIA MEDICAL CLINIC, LLC



Principal Place of Business

6158 S.W. S.R. 200
STE. 106-107
OCALA FL 34476

Mailing Address

6158 S.W. S.R. 200
STE. 106-107
OCALA FL 34476



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/07)

4. FEI Number 02-0551916

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, VITERBO A
6158 SW SR-200, SUITES 106-107
OCALA FL 34476

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRP ☐ Delete
NAME MARTINEZ, VITERBO A M.D.
STREET ADDRESS 6158 S.W. SR 200, STES. 106-107
CITY-ST-ZIP Ocala FL 34476

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRP ☐ Change ☐ Addition
NAME MARTINEZ VITERBO A M.D.
STREET ADDRESS 6158 SW SR 200, STES. 106-107
CITY-ST-ZIP Ocala FL 34476

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 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:

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

Date

Daytime Phone

V. Martinez, VITERBO A MARTINEZ, MGRP 7/17/07 (354) 232-8923