

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024189

FILED
Jul 01, 2005
Secretary of State

Entity Name: THE CALA HILLS FAMILY CLINIC, LLC

Current Principal Place of Business:

2118 SW 20TH PLACE
SUITE 102
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

2118 SW 20TH PLACE
SUITE 102
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 06-1651753 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STRADER, CHESTER R
811 SE 44 AVE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CABAN, EPHRAIM JR.,MD
Address: 2118 SW 20TH PLACE, SUITE 102
City-St-Zip: Ocala, FL 34474 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EPHRAIM CABAN, JR. MD

MGRM

07/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date