

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAR 20 PM 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000024189					
1. Entity Name THE CALA HILLS FAMILY CLINIC, LLC					
Principal Place of Business 2118 SW 20TH PLACE SUITE 102 OCALA, FL 34474 US			Mailing Address 1344 SE 18TH AVE OCALA, FL 34471 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 06-1651753	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CABAN, DARLENE R 1344 SE 18TH AVE OCALA, FL 34471			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 <u><i>Darlene Caban</i></u>			DATE <u>3/10/03</u>		
(NOTE: Registered Agent signature required when electing)					
(FEE REQUIRED FOR FILING)					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
Owner/director ☐ Change ☒ Addition Ephraim Caban Jr. MD 2118 SW 20th Place # 102 Ocala, FL 34474					
300014709332 03/20/03--01038--005 **50.00					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 606, Florida Statutes.					
SIGNATURE: <u><i>Darlene Caban</i></u>			DATE <u>3/10/03</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CFR2003 (10/02)