

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000033358

Entity Name: FALG FT. CLARKE, L.C.

**FILED**  
**Jan 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4423 NW 6TH PLACE  
SUITE A  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

4423 NW 6TH PLACE  
SUITE A  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 20-0276840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FINLAYSON, GORDON C M.D.  
711 S.W. 88TH TERRACE  
GAINESVILLE, FL 32607 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  
Name: FINLAYSON, GORDON C M.D.  
Address: 4423 NW 6TH PLACE SUITE A  
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM  
Name: ALFINO, PAUL A M.D.  
Address: 4423 NW 6TH PLACE SUITE A  
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM  
Name: LOPEZ-NIETO, CARLOS E M.D.  
Address: 4423 N.W. 6TH PLACE, SUITE A  
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM  
Name: GEORGE, SATHISH K  
Address: 4423 NW 6TH PLACE SUITE A  
City-St-Zip: GAINESVILLE, FL 32607

I hereby 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: PAUL A. ALFINO

MGRM

01/28/2010

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