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Secretary of State
04-11-2005 90050 043 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000053548

1. Entity Name
MARIANNA FAMILY CARE CENTER, LLC

Principal Place of Business	Mailing Address
2928 DANIELS STREET MARIANNA, FL 32446	2928 DANIELS STREET MARIANNA, FL 32446

DO NOT WRITE IN THIS SPACE

01172005No Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0645794
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

COHN, ALAN B
2021 TYLER STREET
HOLLYWOOD, FL 33020

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RODRIGUEZ-JIMENEZ, HORACIO J MD
STREET ADDRESS	3343 OLD US ROAD
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify 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 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 ELECTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #