

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000053548

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** MARIANNA FAMILY CARE CENTER, LLC

**Current Principal Place of Business:**

2928 DANIELS STREET  
MARIANNA, FL 32446

**New Principal Place of Business:**

**Current Mailing Address:**

2928 DANIELS STREET  
MARIANNA, FL 32446

**New Mailing Address:**

**FEI Number:** 20-0645794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROOKS, CLAY  
2438 FILLMORE DRIVE  
MARIANNA, FL 32448 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:** RODRIGUEZ-JIMENEZ, HORACIO J MD  
**Address:** 3343 OLD US ROAD  
**City-St-Zip:** MARIANNA, FL 32446

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: HORACIO J RODRIGUEZ-JIMENEZ

MGRM

04/25/2011

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