


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000084118</b> 1. Entity Name <b>GANOC1, LLC</b>	
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Principal Place of Business <b>4423 N.W. 6TH PLACE, SUITE A GAINESVILLE, FL 32607</b>	Mailing Address <b>4423 N.W. 6TH PLACE, SUITE A GAINESVILLE, FL 32607</b>
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01122008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5452488</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

<b>GEORGE, SATHISH K M.D. 4423 N.W. 6TH PLACE, SUITE A GAINESVILLE, FL 32607</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

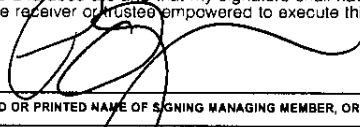
**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000881593  
04/16/08-80006-019 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALFINO, PAUL A M.D. 4423 N.W. 6TH PLACE, SUITE A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOPEZ-NIETO, CARLOS E M.D. 4423 N.W. 6TH PLACE, SUITE A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GEORGE, SATHISH K M.D. 4423 N.W. 6TH PLACE, SUITE A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SEEK, MALVIN M M.D. 2980 S.E. 3RD COURT OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOCAY, HAROLD R M.D. 2980 S.E. 3RD COURT OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAKSHMINARAYANAN, SURESH M.D. 2980 S.E. 3RD COURT OCALA, FL 34471

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date **3/24/08** Daytime Phone # **352-377-5600**