

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084118

Entity Name: GANOC1, LLC

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: 20-5452488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEORGE, SATHISH K M.D.
4423 NW 6TH PLACE, SUITE A
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: 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 NW 6TH PLACE, SUITE A
City-St-Zip: GAINESVILLE, FL 32607

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

Title: MGRM
Name: SEEK, MALVIN M M.D.
Address: 2980 SE 3RD COURT
City-St-Zip: OCALA, FL 34471

Title: MGRM
Name: LOCAY, HAROLD R M.D.
Address: 2980 SE 3RD COURT
City-St-Zip: OCALA, FL 34471

Title: MGRM
Name: LAKSHMINARAYANAN, SURESH M.D.
Address: 2980 SE 3RD COURT
City-St-Zip: OCALA, FL 34471

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: SATHISH K. GEORGE

MGRM

01/28/2010

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