

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084118

Entity Name: GANOC1, LLC

FILED  
Apr 10, 2012  
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: PAUL A ALFINO, MD

MGRM

04/10/2012

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