### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L06000114411

1. Entity Name

GARCIA MEDICAL CLINIC, LLC



Principal Place of Business

Mailing Address

411 E. NELSON AVE. DEFUNIAK SPGS, FL 32433

133 115

411 E. NELSON AVE. DEFUNIAK SPGS, FL 32433

US

FILED Apr 29, 2008 08:00 AN Secretary of State



04172008No Chg-LLC

CR2E083 (12/07)

4. FEII	Number		Applied For
20	-5957163		Not Applicable
<b>5</b> , Cert	ificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

Signature, typed or posted came of registered agent and title if applicable,

GARCIA, RUBEN R JR. 520 MCCOULLOUGH RD. DEFUNIAK SPGS, FL 32433

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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, 1 the obligations of registered agent.	am familiar with, and accept
SIGNATURE	

(HQTE, Registered Agent signature required when renstating)

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

U00000931853 05/22/08-80031-018 138.75

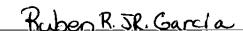
9.	MANAGING MEMBERS/MANAGERS		
11111	MCR		
NAM <sup>F</sup>	GARCIA, RUBEN R JR.		
STRU I ADDRESS	520 MCCOULLOUGH RD.		
CHY-SI-ZIF	DEFUNIAK SPG, FL 32433		
IIILE			
NAMi			
STREET ADDRESS			
CITY-ST- AP			
DD1			
NAMI			
STREET A HOPES.			
CHY-SI-ZIF			
IIIII			
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STRUET AU DRES			
CHY-CE-ZP			
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11. Thereby 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 eath; 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.

SIG	ΝΛΤ	URE:
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4/25/08

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