

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000114411

**Entity Name:** GARCIA MEDICAL CLINIC, LLC

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

411 E. NELSON AVE.  
DEFUNIAK SPGS, FL 32433 US

**New Principal Place of Business:**

**Current Mailing Address:**  
411 E. NELSON AVE.  
DEFUNIAK SPGS, FL 32433 US

**New Mailing Address:**

FEI Number: 20-5957163      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GARCIA, RUBEN R JR.  
520 MCCOULLOUGH RD.  
DEFUNIAK SPGS, FL 32433 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: MGR  
Name: GARCIA, RUBEN R JR.  
Address: 520 MCCOULLOUGH RD.  
City-St-Zip: DEFUNIAK SPG, FL 32433 US

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: RUBEN R GARCIA JR

MGR

04/19/2012

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