

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000126161

Entity Name: FL GA NETWORK, LLC

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2800 BISCAYNE BLVD  
SUITE 1100  
MIAMI, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

2800 BISCAYNE BLVD  
SUITE 1100  
MIAMI, FL 33137 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAMADRID, ALBERTO  
2800 BISCAYNE BLVD  
SUITE 1100  
MIAMI, FL 33137 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: AMERICARE PHYSICIANS NETWORK, LLC  
Address: 2800 BISCAYNE BLD, SUITE 1100  
City-St-Zip: MIAMI, FL 33137 US

Title: MGR  
Name: KURZWEIL, IVAN D  
Address: 2800 BISCAYNE BOULEVARD, SUITE 1100  
City-St-Zip: MIAMI, FL 33137

Title: MGR  
Name: LAMADRID, ALBRTO  
Address: 2800 BISCAYNE BOULEVARD, SUITE 1100  
City-St-Zip: MIAMI, FL 33137

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: ALBERTO LAMADRID

MGR

02/21/2012

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