

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000005289

1. Entity Name
WTC OF GAINESVILLE, L.C.



Principal Place of Business
4741 NW 8TH AVE., STE. C
GAINESVILLE, FL 32605

Mailing Address
4741 NW 8TH AVE., STE. C
GAINESVILLE, FL 32605



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3597567

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TONNER, JOSEPH A M.D.
4741 NW 8TH AVE., STE. C
GAINESVILLE, FL 32605

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
WYNNE, JAMES
4741 NW 8TH AVE., STE. C
GAINESVILLE, FL 32605

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
TONNER, JOSEPH
4741 NW 8TH AVE., STE. C
GAINESVILLE, FL 32605

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
CAMACHO, JORGE
4741 NW 8TH AVE., STE. C
GAINESVILLE, FL 32605

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000258783
03/10/05-80057-010 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03/03/05 (352) 315-0300
Date Daytime Phone #