#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### **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

## FILED Feb 22, 2007 8:00 am Secretary of State

02-22-2007 90276 049 \*\*\*\*50.00

60017586



DO NOT WRITE IN THIS SPACE

01142007 No Chg-LLC

CR2E083 (11/05)

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

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

SIGNATURE.

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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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WYNNE, JAMES
STREET ADDRESS	4741 NW 8TH AVE., STE. C
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	MGRM
NAME	TONNER, JOSEPH
STREET ADDRESS	4741 NW 8TH AVE., STÉ. C
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	MGRM
NAME	CAMACHO, JORGE
STREET ADDRESS	4741 NW 8TH AVE., STE. C
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-\$T-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-\$1-ZIP	

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11. I hereby certify that the information supplied with this filling 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 oath; that I am a managing member or manager of the limited liability company or the received 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 REPRESENTAT

2112/22

(352) 375-0302

Daytime Phone #