

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**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



02012008 No Chg-LLC

CR2E083 (12/07)

**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 \_\_\_\_\_

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

U000000847074

03/19/08-80004-022 138.75

**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

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby 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 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

Date

Daytime Phone

*Jorge R. Camacho* 02/26/08 (352)375-0302