2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2015
Secretary of State
CC2138349693

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Entity Name: FTALJ PALATKA, L.C.

Current Principal Place of Business:

4423 NW 6TH PLACE
SUITE A
GAINESVILLE, FL 32607

Current Mailing Address:

4423 NW 6TH PLACE
SUITE A
GAINESVILLE, FL 32607

FEI Number: 59-3646295

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALFINO, PAUL A M.D.
4423 NW 6TH PLACE
SUITE A
GAINESVILLE, FL 32607 US

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: PAUL A. ALFINO 02/23/2015

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	FINLAYSON, GORDON C M.D.
Address	4423 NW 6TH PLACE, SUITE A
City-State-Zip:	GAINESVILLE FL 32607

Title	MGRM
Name	ALFINO, PAUL A M.D.
Address	4423 NW 6TH PLACE, SUITE A
City-State-Zip:	GAINESVILLE FL 32607

Title	MGRM
Name	LOPEZ-NIETO, CARLOS E M.D.
Address	8214 S.W. 16TH PLACE
City-State-Zip:	GAINESVILLE FL 32607

Title	MGRM
Name	TARRANT, DARRELL G M.D.
Address	4423 NW 6TH PLACE, SUITE A
City-State-Zip:	GAINESVILLE FL 32607

Title	MGRM
Name	JAYACHANDRA, PAUL D M.D.
Address	301 HEALTH PARK BOULEVARD, STE 214
City-State-Zip:	ST. AUGUSTINE FL 32086

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL A. ALFINO MGRM 02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date