

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003679

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

02/04/2017

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 32607Title MGRM
Name TARRANT, DARRELL G M.D.
Address 4423 NW 6TH PLACE, SUITE A
City-State-Zip: GAINESVILLE FL 32607Title MGRM
Name ALFINO, PAUL A M.D.
Address 4423 NW 6TH PLACE, SUITE A
City-State-Zip: GAINESVILLE FL 32607Title MGRM
Name JAYACHANDRA, PAUL D M.D.
Address 301 HEALTH PARK BOULEVARD, STE 214
City-State-Zip: ST. AUGUSTINE FL 32086Title MGRM
Name LOPEZ-NIETO, CARLOS E M.D.
Address 8214 S.W. 16TH PLACE
City-State-Zip: GAINESVILLE FL 32607

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

02/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date