

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000126161

Entity Name: FL GA NETWORK, LLC

Current Principal Place of Business:

444 BRICKELL AVE
760
MIAMI, FL 33131

Current Mailing Address:

444 BRICKELL AVE
760
MIAMI, FL 33131 US

FEI Number: 45-3743616

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMADRID, ALBERTO
444 BRICKELL AVE
760
MIAMI, FL 33131 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name AMERICARE PHYSICIANS NETWORK,
LLC
Address 444 BRICKELL AVE
760
City-State-Zip: MIAMI FL 33131

Title MGR
Name LAMADRID, ALBERTO
Address 444 BRICKELL AVE
760
City-State-Zip: MIAMI FL 33131

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: ALBERTO LAMADRID

MANAGER

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date