

2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L94000000094

Entity Name: IMMOKALEE FAMILY DOCTOR'S CLINIC, LLC

Current Principal Place of Business:

1501 SIXTH AVENUE
SUITE B
IMMOKALEE, FL 34142

Current Mailing Address:

1501 SIXTH AVENUE
SUITE B
IMMOKALEE, FL 34142

FEI Number: 65-0469967

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PUERTO, JUAN RDR.
1501 SIXTH AVENUE
SUITE B
IMMOKALEE, FL 34142 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 MGRM
Name PUERTO, JUAN R DR.
Address 1501 SIXTH AVENUE
SUITE B
City-State-Zip: IMMOKALEE FL 34142

Title MGR
Name PUERTO, JUAN RMD
Address 1501 6TH AVENUE, SUITE B
City-State-Zip: IMMOKALEE FL 34142

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JUAN R. PUERTO

MD

11/11/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date