

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026881

FILED
Apr 30, 2007
Secretary of State

Entity Name: ANKOD HEALTH CARE SERVICES OF JACKSONVILLE, LLC

Current Principal Place of Business:

8241 N.W. 52ND COURT
LAUDERHILL, FL 33351

New Principal Place of Business:

1120 PARK AVE
ORANGE PARK, FL 32073

Current Mailing Address:

8241 N.W. 52ND COURT
LAUDERHILL, FL 33351

New Mailing Address:

P. O. BOX 25511
TAMARAC, FL 33320

FEI Number: 20-4492382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OCCENAD, MARGARETTE
8241 N.W. 52ND COURT
LAUDERHILL, FL 33351 US

Name and Address of New Registered Agent:

OCCENAD, MARGARETTE
4960 N. PINE ISLAND ROAD
LAUDERHILL, FL 33351 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: MARGARETTE OCCENAD

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OCCENAD, MARGARETTE
Address: 8241 N.W. 52ND COURT
City-St-Zip: LAUDERHILL, FL 33351

Title: MGRM () Delete
Name: MOODY, SANDRA M
Address: 2395 YELLOW JASMINE LANE
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OCCENAD, MARGARETTE
Address: 4960 N PINE ISLAND ROAD
City-St-Zip: LAUDERHILL, FL 33351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: MARGARETTE OCCENAD

MNGR

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date