

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026881

FILED
Apr 28, 2008
Secretary of State

Entity Name: ANKOD HEALTH CARE SERVICES OF JACKSONVILLE, LLC

Current Principal Place of Business:

1120 PARK AVE
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 25511
TAMARAC, FL 33320

New Mailing Address:

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
4960 N. PINE ISLAND ROAD
LAUDERHILL, FL 33351 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

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

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

MGRM

04/28/2008

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