

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026881

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** ARDNAS HEALTHCARE 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:**

1120 PARK AVE  
ORANGE PARK, FL 32073

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:**

MOODY, SANDRA  
2395 YELLOW JASMINE LANE  
ORANGE PARK, FL 32003 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: SANDRA MOODY

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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: SANDRA MOODY

MGM

04/30/2009

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