

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000026881

FILED
Oct 07, 2009
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:

2105 PARK AVE SUITE 22
ORANGE PARK, FL 32073

Current Mailing Address:

1120 PARK AVE
ORANGE PARK, FL 32073

New Mailing Address:

2105 PARK AVE SUIT 22
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:

MOODY, SANDRA
1120 PARK AVE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

MOODY, SANDRA
2105 PARK AVE SUITE 22
ORANGE PARK, FL 32073 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 10/07/2009

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOODY, SANDRA
Address: 2105 PARK AVE SUITE 22
City-St-Zip: ORANGE PARK, FL 32073

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 MGRM 10/07/2009

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