

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026881

FILED
Apr 30, 2011
Secretary of State

Entity Name: ANKOD HEALTH CARE SERVICES OF JACKSONVILLE, LLC

Current Principal Place of Business:

2105 PARK AVE SUITE 22
ORANGE PARK, FL 32073

New Principal Place of Business:

2105 PARK AVE SUITE 22
STE
ORANGE PARK, FL 32073

Current Mailing Address:

2105 PARK AVE SUIT 22
ORANGE PARK, FL 32073

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:

MOODY, SANDRA
2105 PARK AVE SUITE 22
ORANGE PARK, FL 32073 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
Name: MOODY, SANDRA M
Address: 2105 PARK AVE SUITE 22
City-St-Zip: ORANGE PARK, FL 32073

I hereby 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 M MOODY

MRGM

04/30/2011

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