

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000026881

**FILED  
Apr 30, 2012  
Secretary of State**

**Entity Name:** ANKOD HEALTH CARE SERVICES OF JACKSONVILLE, LLC

**Current Principal Place of Business:**

2105 PARK AVE SUITE 22  
STE  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**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

MGRM

04/30/2012

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