

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000140990

Entity Name: SAMUEL WELLS MOB, LLC

FILED
Apr 03, 2012
Secretary of State

Current Principal Place of Business:

3599 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3599 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 45-4274287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'SHIELDS, H. JOSEPH
1301 RIVERPLACE BOULEVARD, SUITE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

PRITCHARD, ROBERT H
1301 RIVERPLACE BOULEVARD, SUITE 1500
JACKSONVILLE, FL 32207 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: ROBERT H. PRITCHARD

04/03/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DCP
Name: BAER, DOUGLAS M
Address: 3599 UNIVERSITY BLVD., S
City-St-Zip: JACKSONVILLE, FL 32216

Title: DVP
Name: SPIGEL, MICHAEL
Address: 8631 SAN SERVERA DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32217

Title: D
Name: SNEED, GARY W
Address: 305 MONTEREY VILLA COURT
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: ST
Name: BLAKE, BRUCE M
Address: 211 HUNSTON WAY
City-St-Zip: ST. JOHNS, FL 32259

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: DOUGLAS M. BAER

DCP

04/03/2012

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