

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020739

Entity Name: JON C. GIACOMAN, MD, PLC

FILED  
Apr 12, 2009  
Secretary of State

**Current Principal Place of Business:**

1661 WATERS EDGE  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

1661 WATERS EDGE  
ORANGE PARK, FL 32003

**New Mailing Address:**

FEI Number: 26-2074546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JESPERSON, GORDON O  
1279 KINGSLEY AVENUE  
SUITE 118  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

GIACOMAN, JON C M.D.  
1661 WATERS EDGE DR  
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: J GIACOMAN

04/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GIACOMAN, JON C  
Address: 1661 WATERS EDGE  
City-St-Zip: ORANGE PARK, FL 32003

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GIACOMAN, JON C M.D.  
Address: 1661 WATERS EDGE  
City-St-Zip: ORANGE PARK, FL 32003

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: J GIACOMAN

MGR

04/12/2009

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