

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000020739

**FILED**  
**Jun 20, 2010**  
**Secretary of State**

**Entity Name:** JON C. GIACOMAN, MD, PLC

**Current Principal Place of Business:**

1661 WATERS EDGE  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

3453 MAINARD BRANCH CT  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

1661 WATERS EDGE  
ORANGE PARK, FL 32003

**New Mailing Address:**

3453 MAINARD BRANCH CT  
FLEMING ISLAND, FL 32003

**FEI Number:** 26-2074546

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIACOMAN, JON C M.D.  
1661 WATERS EDGE DR  
ORANGE PARK, FL 32003 US

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

GIACOMAN, JON C M.D.  
3453 MAINARD BRANCH CT  
FLEMING ISLAND, 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: JON GIACOMAN

06/20/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GIACOMAN, JON C M.D.  
Address: 3453 MAINARD BRANCH CT  
City-St-Zip: FLEMING ISLAND, FL 32003

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: JON GIACOMAN

MGRM

06/20/2010

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