

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000026881

**Entity Name:** ARDNAS HEALTHCARE SERVICES OF JACKSONVILLE LLC

**Current Principal Place of Business:**

2105 PARK AVE STE 25  
ORANGE PARK, FL 32073

**Current Mailing Address:**

2105 PARK AVE STE 25  
ORANGE PARK, FL 32073 US

**FEI Number:** 20-4492382

**Certificate of Status Desired:** No

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

MOODY, SANDRA  
2105 PARK AVE SUITE 25  
ORANGE PARK, FL 32073 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MOODY, SANDRA M  
Address 2105 PARK AVE SUITE 25  
City-State-Zip: ORANGE PARK FL 32073

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SANDRA MOODY

MGRM

05/01/2016

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date