

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026881

Entity Name: ANKOD HEALTH CARE SERVICES OF JACKSONVILLE, LLC

Current Principal Place of Business:

2105 PARK AVE SUITE 22
STE
ORANGE PARK, FL 32073

Current Mailing Address:

2105 PARK AVE SUIT 22
ORANGE PARK, FL 32073

FEI Number: 20-4492382

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOODY, SANDRA
2105 PARK AVE SUITE 22
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 22
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA MOODY

MGRM

04/12/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date