

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082232

Entity Name: LIGHTHOUSE INTERNAL MEDICINE AND PRIMARY CARE, LLC

Current Principal Place of Business:

5757 BOOTH RD.
200
JACKSONVILLE, FL 32207

Current Mailing Address:

PO BOX 551575
JACKSONVILLE, FL 32255-1575

FEI Number: 20-5263140

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

XIE, CHONGLUN
5757 BOOTH RD. #200
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|-----------------------|-----------------|----------------------------|
| Title | PRESIDENT | Title | ACCOUNT EXECUTIVE |
| Name | XIE, CHONGLUN | Name | XIE, RUI |
| Address | 5757 BOOTH RD. #200 | Address | PO BOX 551575 |
| City-State-Zip: | JACKSONVILLE FL 32207 | City-State-Zip: | JACKSONVILLE FL 32255-1575 |

Title SECRETARY
Name ZHANG, YING
Address 5757 BOOTH RD.
 200
City-State-Zip: JACKSONVILLE FL 32207

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: CHONGLUN XIE

CHONGLUN XIE

03/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date