

2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHONGLUN XIE

PRESIDENT

04/08/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date