

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020739

Entity Name: GIACOMAN HEALTH SERVICES, PLC

Current Principal Place of Business:

3453 MAINARD BRANCH CT
FLEMING ISLAND, FL 32003

Current Mailing Address:

3453 MAINARD BRANCH CT
FLEMING ISLAND, FL 32003

FEI Number: 46-1739983

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIACOMAN, JON CM.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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title MGRM
Name GIACOMAN, SARAH DD.D.S.
Address 3453 MAINARD BRANCH CT
City-State-Zip: FLEMING ISLAND FL 32003

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: JON GIACOMAN

M.D. MGMBR

01/14/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date