

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000134702

Entity Name: JACKSONVILLE MEDICAL CENTER DEVELOPMENT, LLC

Current Principal Place of Business:

5600 MARINER STREET
SUITE 140
TAMPA, FL 33609

Current Mailing Address:

5600 MARINER STREET
SUITE 140
TAMPA, FL 33609 US

FEI Number: 46-0728633

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAYMOND, J PAUL
625 COURT STREET STE 200
CLEARWATER, FL 33756 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 MGR
Name PATEL, DHVANIT A
Address 5600 MARINER STREET
SUITE 140
City-State-Zip: TAMPA FL 33609

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: DHVANIT PATEL

MGR

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date