

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010608

FILED
Apr 06, 2011
Secretary of State

Entity Name: MAGNOLIA MEDICAL CLINIC FACILITIES, L.L.C.

Current Principal Place of Business:

131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548 US

Current Mailing Address:

131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548

New Mailing Address:

131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548 US

FEI Number: 59-6144778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCKELEW, B.A. M.D.
131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

BUCKELEW, B. A M.D.
131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548 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: B. A. BUCKELEW, M.D.

04/06/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BUCKELEW, B. A M.D.
Address: 131 MAGNOLIA AVENUE, S.E.
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: MGRM
Name: SENECHAL, PETER K M.D.
Address: 131 MAGNOLIA AVENUE, S.E.
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: MGRM
Name: SITES, JOHN D M.D.
Address: 131 MAGNOLIA AVENUE, S.E.
City-St-Zip: FT. WALTON BEACH, FL 32548

I hereby certify that the information indicated on this 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.

SIGNATURE: B. A. BUCKELEW, M.D.

MGRM

04/06/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date