2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-6144778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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:

SENECHAL, PETER K 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: PETER K. SENECHAL, M.D. 03/23/2012
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 Statues.

SIGNATURE: PETER K. SENECHAL, M.D. MGRM 03/23/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date