

06 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000009478

Entity Name
JACKSONVILLE UNIVERSITY CLINIC, LLC



Principal Place of Business

2800 UNIVERSITY BLVD. NORTH
JACKSONVILLE, FL 32211

Mailing Address

2800 UNIVERSITY BLVD. NORTH
JACKSONVILLE, FL 32211



03282006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3648158

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROSBY, WILLIAM M DR
2800 UNIVERSITY BLVD., N
JACKSONVILLE, FL 32211

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

William M Crosby

Signature, typed or printed name of registered agent and title if applicable.

Dr. William M. Crosby, Vice President,
Finance and Administration, C.F.O.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

MANAGING MEMBERS/MANAGERS

NAME
MGRM
JACKSONVILLE UNIVERSITY
2800 UNIVERSITY BLVD, NORTH
JACKSONVILLE, FL 32211

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

U00000500449
04/25/06-80022-017 50.00

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dr. Kerry D. Romesburg, as authorized representative and
President, Jacksonville University

Date

Daytime Phone #

904-256-7016