

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009478

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** JACKSONVILLE UNIVERSITY CLINIC, LLC

**Current Principal Place of Business:**

2800 UNIVERSITY BLVD. NORTH  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

2800 UNIVERSITY BLVD. NORTH  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:** 04-3648158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SCADUTO, GEORGE C  
2800 UNIVERSITY BLVD., N  
JACKSONVILLE, FL 32211 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: GEORGE C. SCADUTO

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JACKSONVILLE UNIVERS, ITY  
Address: 2800 UNIVERSITY BLVD, NORTH  
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GEORGE C. SCADUTO

VP

04/28/2008

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