2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000020174

1. Entity Name
FLEMING ISLAND MEDICAL PLAZA, LLC

Principal Place of Business	Mailing Address
9765 SAN JOSE BLVD., SUITE 102 JACKSONVILLE, FL 32257	9765 SAN JOSE BLVD., SUITE 102 JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE

03082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
22-3865303

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRANT, ABRAHAM, REITER & MCCORMICK, P.A.
50 NORTH LAURA STREET, SUITE 2750
JACKSONVILLE, FL 32202

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8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000082284
03/09/04-80023-012 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GATIEN, LIONEL J D.O.
STREET ADDRESS	9765 SAN JOSE BLVD., SUITE 102
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	MGRM
NAME	ANEZ, LUIS F M.D.
STREET ADDRESS	9765 SAN JOSE BLVD., SUITE 102
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	MGRM
NAME	ASHCHI, MAJDI D.O.
STREET ADDRESS	9765 SAN JOSE BLVD., SUITE 102
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	MGRM
NAME	RYAN, JOANNE
STREET ADDRESS	9765 SAN JOSE BLVD., SUITE 102
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	MGRM
NAME	MUZAURIETA, AURELIO
STREET ADDRESS	9765 SAN JOSE BLVD., SUITE 102
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	MGRM
NAME	AWAN, RASHEED D.O.
STREET ADDRESS	9765 SAN JOSE BLVD., SUITE 102
CITY-ST-ZIP	JACKSONVILLE, FL 32257

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3-8-04 904 269-1366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #