


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90178 039 \*\*\*138.75

<b>DOCUMENT # L02000020174</b>					
1. Entity Name <b>FLEMING ISLAND MEDICAL PLAZA, LLC</b>					
Principal Place of Business <b>1689 EAGLE HARBOR PARKWAY EAST A ORANGE PARK, FL 32003</b>			Mailing Address <b>1689 EAGLE HARBOR PARKWAY EAST A ORANGE PARK, FL 32003</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>22-3865303</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BRANT, ABRAHAM, REITER &amp; MCCORMICK, P.A. 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GATIN, LIONEL J D.O. <input type="checkbox"/> Delete 1689 EAGLE HARBOR PARKWAY EAST ORANGE PARK, FL 32003			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Militello, James <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1689 Eagle Harbor Pky Orange Park FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANEZ, LUIS F M.D. <input type="checkbox"/> Delete 9765 SAN JOSE BLVD., SUITE 102 JACKSONVILLE, FL 32257			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASHCHI, MAJDI D.O. <input type="checkbox"/> Delete 9765 SAN JOSE BLVD., SUITE 105 JACKSONVILLE, FL 32257			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYAN, JOANNE <input type="checkbox"/> Delete 4444 SUMMERWAL CT JACKSONVILLE, FL 32258			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUZAURIETA, AURELIO <input type="checkbox"/> Delete 1689 EAGLE HARBOR PARKWAY ORANGE PARK, FL 32003			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AWAN, RASHEED D.O. <input type="checkbox"/> Delete 1689 EAGLE HARBOR PKY ORANGE PARK, FL 32003			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**60022035**



04072008 Chg-LLC CR2E083 (12/06)

4-9-08