

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020174

FILED
Mar 30, 2009
Secretary of State

Entity Name: FLEMING ISLAND MEDICAL PLAZA, LLC

Current Principal Place of Business:

1689 EAGLE HARBOR PARKWAY EAST
A
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

1689 EAGLE HARBOR PARKWAY EAST
A
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 22-3865303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GATIEN, LIONEL J D.O.
Address: 1689 EAGLE HARBOR PARKWAY EAST
City-St-Zip: ORANGE PARK, FL 32003

Title: MGRM () Delete
Name: ANEZ, LUIS F M.D.
Address: 9765 SAN JOSE BLVD., SUITE 102
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM () Delete
Name: ASHCHI, MAJDI D.O.
Address: 9765 SAN JOSE BLVD., SUITE 105
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM () Delete
Name: RYAN, JOANNE
Address: 4444 SUMMERWAL CT
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM () Delete
Name: MUZAURIETA, AURELIO
Address: 1689 EAGLE HARBOR PARKWAY
City-St-Zip: ORANGE PARK, FL 32003

Title: MGRM () Delete
Name: AWAN, RASHEED D.O.
Address: 1689 EAGLE HARBOR PKY
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES:

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

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

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

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

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: LIONEL J. GATIEN

MGRM

03/30/2009

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