

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90222 040 ****50.00

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1. Entity Name

JAY MEDICAL PHYSICIANS, L.L.C.



Principal Place of Business

14122 ALABAMA STREET
JAY FL 32565

Mailing Address

P.O. BOX 10
JAY FL 32565

2. Principal Place of Business

14088 Alabama Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jay FL

City & State

Zip

32565

Country

US

Country

4. FEI Number

14-1893324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, C. DAVID M.D.
5100 HIGHWAY 4
JAY FL 32565

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SMITH, C. DAVID M.D.
STREET ADDRESS 5100 HIGHWAY 4
CITY-ST-ZIP JAY FL 32565

TITLE MGRM ☐ Delete
NAME SMITH, JOHN-STEWART M.M.D.
STREET ADDRESS 5100 HIGHWAY 4
CITY-ST-ZIP JAY FL 32565

TITLE MGRM ☐ Delete
NAME STEWART, MARIAN R.M.D.
STREET ADDRESS 13060 CHUMUCKLA HIGHWAY
CITY-ST-ZIP JAY FL 32565

TITLE MGRM ☐ Delete
NAME KELLEY, JEFFERY S M.D.
STREET ADDRESS P.O. BOX 1
CITY-ST-ZIP JAY FL 32565

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

2-17-06

850-675-4546