

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000026875**

1. Entity Name  
**JAY MEDICAL PHYSICIANS, L.L.C.**



Principal Place of Business  
**14088 ALBAMA ST  
JAY, FL 32565**

Mailing Address  
**P.O. BOX 10  
JAY, FL 32565**



02152008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SMITH, C. DAVID, M.D.
STREET ADDRESS	5100 HIGHWAY 4
CITY- ST- ZIP	JAY, FL 32565
TITLE	MGRM
NAME	SMITH, JOHN-STEWART M M.D.
STREET ADDRESS	5100 HIGHWAY 4
CITY- ST- ZIP	JAY, FL 32565
TITLE	MGRM
NAME	STEWART, MARIAN B M.D.
STREET ADDRESS	13060 CHUMUCKLA HIGHWAY
CITY- ST- ZIP	JAY, FL 32565
TITLE	MGRM
NAME	KELLEY, JEFFERY S M.D.
STREET ADDRESS	P.O. BOX 1
CITY- ST- ZIP	JAY, FL 32565
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000849435  
03/21/08-80020-015 138.75

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**MGRM**

**850-675-4546**

Date

Daytime Phone #