

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026875

FILED
Feb 27, 2009
Secretary of State

Entity Name: JAY MEDICAL PHYSICIANS, L.L.C.

Current Principal Place of Business:

14088 ALBAMA ST
JAY, FL 32565

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10
JAY, FL 32565

New Mailing Address:

FEI Number: 14-1893324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, C. DAVID M.D.
5100 HIGHWAY 4
JAY, FL 32565 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: SMITH, C. DAVID M.D.
Address: 5100 HIGHWAY 4
City-St-Zip: JAY, FL 32565

Title: MGRM () Delete
Name: SMITH, JOHN-STEWART M M.D.
Address: 5100 HIGHWAY 4
City-St-Zip: JAY, FL 32565

Title: MGRM () Delete
Name: STEWART, MARIAN B M.D.
Address: 13060 CHUMUCKLA HIGHWAY
City-St-Zip: JAY, FL 32565

Title: MGRM () Delete
Name: KELLEY, JEFFERY S M.D.
Address: P.O. BOX 1
City-St-Zip: JAY, FL 32565

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
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: C., DAVID SMITH

MGRM

02/27/2009

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