2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2011
Secretary of State

DOCUMENT# L03000026875

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

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

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

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

I hereby 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 Statues.

SIGNATURE: C. DAVID SMITH, M.D. PRES 02/09/2011

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