2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006
Secretary of State

DOCUMENT# L03000027892

Entity Name: JAX MED MANAGEMENT, LLC

Current Principal Place of Business:

1219 LAKE ASBURY DRIVE
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

1219 LAKE ASBURY DRIVE
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 51-0476492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOTOLAW, INC.
50 NORTH LAURA STREET, SUITE 2500
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: CHANDLER, ZANDA M
Address: 3839 COUNTY ROAD 218
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ZANDA CHANDLER MANA 02/10/2006

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