

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027892

Entity Name: JAX MED MANAGEMENT, LLC

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

1219 LAKE ASBURY DRIVE
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

P O BOX 2099
MIDDLEBURG, FL 32050

New Mailing Address:

FEI Number: 51-0476492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: 1897 NOLAN ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: BURKHART, JEFFERY E
Address: 1219 LAKE ASBURY DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: ZANDA M CHANDLER

MGMR

02/13/2009

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