

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000038959

1. Entity Name
RANDOLPH MEDICAL BUILDING, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 23 AM 10:03

Principal Place of Business
1891 BEACH BOULEVARD, SUITE 200
JACKSONVILLE, FL 32250

Mailing Address
1891 BEACH BOULEVARD, SUITE 200
JACKSONVILLE, FL 32250

2. Principal Place of Business
1891 Beach Blvd.

3. Mailing Address
1891 Beach Blvd.

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Jacksonville Beach, FL

City & State
Jacksonville Beach, FL

Zip
32250

Country
USA

Zip
32250

Country
USA

09212005 Chg-LLC CR2E083 (10/03)

4. FEI Number
83-0411014

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RANDOLPH, CLEVELAND W JR
1891 BEACH BOULEVARD, SUITE 200
JACKSONVILLE, FL 32250

7. Name and Address of New Registered Agent

Name
Randolph, Cleveland W Jr.

Street Address (P.O. Box Number is Not Acceptable)

1891 Beach Blvd., Suite 200

City
Jacksonville Beach

FL

Zip Code
32250

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 Cleveland W. Randolph Jr.
Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-21-05
DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
BERNSTEIN, ROSALIA M
1891 BEACH BLVD. STE. 200
JACKSONVILLE, FL 32250

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Randolph, Cleveland W Jr.
1891 Beach Blvd., Suite 200
Jacksonville Beach, FL 32250

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Cleveland W. Randolph, Jr., Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/21/05