2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000034155

1. Entity Name FLEMING ISLAND MEDICAL PLAZA II, LLC



FILED Apr 11, 2008 8:00 am tate

38.75

1149 500	Secretary of St
	04-11-2008 90178 037 ***1

-		.,								
Principal Place of Business 1689 EAGLE HARBOR PARKWAY ORANGE PARK, FL 32003		Mailing Address 1689 EAGLE HARBOR PARKWAY ORANGE PARK, FL 32003		60022037						
Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04072008	Chg-LLC	CR2E08	3 (12/06)			
City & State		City & State		4. FEI Numb	er		Ар	plied For		
Zip	Country	Zip	Country		76-078 5. Certificate	9301 of Status Desired		5.00 Add		
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Pacietored Acent	1	<u> </u>	7 Name and	Address of New E		ee Required	1	
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name						
BRANT, ABRAHAM, REITER, MCCORMICK & GREENE, P 50 NORTH LAURA STREET STE 2750 JACKSONVILLE, FL 32202				Street Address (P.O. Box Number is Not Acceptable)						
JACKSON	VILLE, FL 32202					-			-	
				City	FL Zip Code				9	
	named entity submits this statement foions of registered agent.	r the purpose of changing its	s register	ed office or registe	ered agent, or bo	th, in the State of Fk	orida. I am fa	miliar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title it applicable. (NO	TE: Registere	d Agent signature require	ed when reinstating)		DATE			
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check po			•			
9.	MANAGING MEMBE	RS/MANAGERS	10.	····		ADDITIONS	/CHANGES			
TITLE	PD	☐ Delete	TITL	E				☐ Change	Addition	
NAME	GATIEN, LIONEL J PD									
STREET ADDRESS City-St-Zip				EET ADDRESS '-ST-ZIP						
TITLE	MGR	☐ Delete	tmu	E				☐ Change	☐ Addition	
NAME	ASHCHI, MAJDI MGR		NAM	Œ					_	
STREET ADDRESS				EET ADORESS						
CITY-ST-ZIP	ORANGE PARK, FL 32003 MGR			r-\$t-zip				C 0	C was	
TITLE Name	MILITELLO, JAMES MGR	Delete	TITL!	1				Change	☐ Addition	
STREET ADDRESS	1689 EAGLE HARBOR PKY EAS	ST		EET ADDRESS						
CITY-ST-ZIP	ORANGE PARK, FL 32003		CITY	r-ST-ZIP						
TITLE	MGR	☐ Delete	MIL					Change	☐ Addition	
NAME Street address	WILLIAM, MURES MGR 1689 EAGLE HARBOR PKY STE	= A	NAM	AE [7] Eet adoress	iuyres	,willian	\sim			
CRTY-ST-ZIP	ORANGE PARK, FL 32003	- ^		r-ST-ZIP						
TITLE	MGR .	☐ Delete	TITL	£	· · · · · · · · · · · · · · · · · · ·		• •	☐ Change	Addition	
NAME	KHATIB, YAZAN MGR		NAM	I						
STREET ADDRESS CITY-ST-ZIP	1689 EAGLE HARBOR PKY STE ORANGE PARK, FL 32003	ž A		EET ADDRESS (-ST-ZIP						
TITLE	MGR	Delete	1111				 	☐ Change	Addition	
NAME	FARES, JOSEPH MGR	Ja Delae	NAM	1				C) cutantic	CT Vocation	
STREET ADDRESS	1689 EAGLE HARBOR PKY EAS	ST STE A	STR	EET ADDRESS						
CITY-ST-ZIP	ORANGE PARK, FL 32003		СПУ	r-ST-ZIP						
11. I hereby of indicated	certify that the information supplied with I on this report is true and accurate and whility company or the receiver or trusted	this filing does not qualify for the thing signature shall have a compounded to avocate the	or the exe e the sam	e legal effect as if	d in Chapter 119 made under oat oter 609 Elected	, Florida Statutes. I f h; that I am a mana Statutos	urther certify ging member	that the info or manage	rmation or of the	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE