2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90178 037 ***138.75

DOCUMENT # L05000034155

1. Entity Name
FLEMING ISLAND MEDICAL PLAZA II, LLC

60022037

Principal Place of Business	Mailing Address
1689 EAGLE HARBOR PARKWAY ORANGE PARK, FL 32003	1689 EAGLE HARBOR PARKWAY ORANGE PARK, FL 32003

04072008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 76-0789301 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRANT,ABRAHAM,REITER,MCCORMICK & GREENE, P 50 NORTH LAURA STREET STE 2750 JACKSONVILLE, FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GATIEN, LIONEL J PD 1689 EAGLE HARBOR PKY EAST STE A ORANGE PARK, FL 32003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ASHCHI, MAJDI MGR 1689 EAGLE HARBOR PKY SUITE A ORANGE PARK, FL 32003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MILITELLO, JAMES MGR 1689 EAGLE HARBOR PKY EAST ORANGE PARK, FL 32003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WILLIAM, MURES MGR 1689 EAGLE HARBOR PKY STE A ORANGE PARK, FL 32003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Muyres, William	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KHATIB, YAZAN MGR 1689 EAGLE HARBOR PKY STE A ORANGE PARK, FL 32003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FARES, JOSEPH MGR 1689 EAGLE HARBOR PKY EAST STE A ORANGE PARK, FL 32003	☒ Delete	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 exemptions contained in Chapter 119, 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: _____ 4-9-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #