

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034155

FILED
Apr 13, 2012
Secretary of State

Entity Name: FLEMING ISLAND MEDICAL PLAZA II, LLC

Current Principal Place of Business:

1689 EAGLE HARBOR PARKWAY
A
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

1689 EAGLE HARBOR PARKWAY
A
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 76-0789301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANT, ABRAHAM, REITER, MCCORMICK & GREENE, P
50 NORTH LAURA STREET STE 2750
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: PD
Name: GATIEN, LIONEL J PD
Address: 1689 EAGLE HARBOR PKY EAST STE A
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR
Name: ASHCHI, MAJDI MGR
Address: 1689 EAGLE HARBOR PKY SUITE A
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR
Name: MILITELLO, JAMES MGR
Address: 1689 EAGLE HARBOR PKY EAST
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR
Name: MUYRES, WILLIAM
Address: 1689 EAGLE HARBOR PKY STE A
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR
Name: KHATIB, YAZAN MGR
Address: 1689 EAGLE HARBOR PKY STE A
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR
Name: BHATIA, LAKHINDER
Address: 1689 EAGLE HARBOR PKY
City-St-Zip: ORANGE PARK, FL 32003

I hereby 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: LIONEL J. GATIEN DO

PD

04/13/2012

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