

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100988

FILED
Mar 07, 2008
Secretary of State

Entity Name: SMITH JOHNSON MEDICAL GROUP, LLC

Current Principal Place of Business:

13500 SUTTON PARK DR. S
#701
JACKSONVILLE, FL 32224

New Principal Place of Business:

340 3RD AVE S
#D
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

13500 SUTTON PARK DR. S
#701
JACKSONVILLE, FL 32224

New Mailing Address:

340 3RD AVE S
#D
JACKSONVILLE BEACH, FL 32250

FEI Number: 42-1681626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, BRIAN
13500 SUTTON PARK DR. S
#701
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

SMITH, BRIAN
340 3RD AVE S
#D
JACKSONVILLE BEACH, FL 32250 US

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:

03/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, BRIAN
Address: 13500 SUTTON PARK DR. S #701
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR (X) Delete
Name: JOHNSON, ANTHONY
Address: 13500 SUTTON PARK DR. S #701
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SMITH, BRIAN
Address: 340 3RD AVE S #D
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

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: BRIAN SMITH

MGR

03/07/2008

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