

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000110273

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** 1905 CORPORATE SQUARE BOULEVARD, LLC

**Current Principal Place of Business:**

1905 CORPORATE SQUARE BOULEVARD  
JACKSONVILLE, FL 322161940

**New Principal Place of Business:**

1905 CORPORATE SQUARE BOULEVARD  
JACKSONVILLE, FL 322161940 US

**Current Mailing Address:**

1905 CORPORATE SQUARE BOULEVARD  
JACKSONVILLE, FL 322161940

**New Mailing Address:**

**FEI Number:** 41-2188915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASTERS, MARK A PH.D.  
1905 CORPORATE SQUARE BOULEVARD  
JACKSONVILLE, FL 322161940 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:** MGR  
**Name:** SCHRANK, JOEL P M.D.  
**Address:** 1905 CORPORATE SQ BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32216

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: JOEL P. SCHRANK, MD

MGR

01/11/2011

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