

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086648

FILED
Aug 30, 2012
Secretary of State

Entity Name: PARTHENON MEDICAL CENTER, LLC

Current Principal Place of Business:

5105 BOWDEN ROAD
JACKSONVILLE, FL 32217

New Principal Place of Business:

5105 BOWDEN ROAD
JACKSONVILLE, FL 32216

Current Mailing Address:

405 OCEAN GROVE CIRCLE
ST AUGUSTINE, FL 32080

New Mailing Address:

5105 BOWDEN RD
JACKSONVILLE, FL 32216

FEI Number: 27-4083175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAKER, LAURA J M.D.
405 OCEAN GROVE CIRCLE
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

BAKER, LAURA J M.D.
5105 BOWDEN RD
JACKSONVILLE, FL 32216 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:

08/30/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: OWNR
Name: BAKER, LAURA J MD.
Address: 5105 BOWDEN RD
City-St-Zip: JACKSONVILLE, FL 32080

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: LAURA BAKER MD

OWNR

08/30/2012

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