

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000086648

**Entity Name:** PARTHENON MEDICAL CENTER, LLC

**FILED**  
**Aug 30, 2012**  
**Secretary of State**

**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