

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000072515

FILED
Jan 20, 2009
Secretary of State

Entity Name: NORTH FLORIDA ACUTE CARE SPECIALISTS, LLC

Current Principal Place of Business:

2045 PROFESSIONAL CENTER DRIVE
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

4110-D NW 37TH PLACE
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 26-3061812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSIN, NEIL
PHYSICIAN ADVISORY GROUP, INC.
4110-D NW 37TH PLACE
GAINESVILLE, FL 32606 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: MRGM () Delete
Name: HAVRYLIUK, VLADIMIR
Address: 13714 BROMELY POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGRM () Delete
Name: RODRIGUEZ, ISMAIL
Address: 1392 EAGLE CROSSING DRIVE
City-St-Zip: JACKSONVILLE, FL 32065 US

Title: MGRM () Delete
Name: TOUHEED, MOHAMMAD
Address: 13116 HIGHLAND GLEN WAY EAST
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGRM () Delete
Name: KHAN, DASTAGIR
Address: 207 BARONAY DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

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

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

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

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: VLADIMIR HAVRYLIUK

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01/20/2009

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