

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000072515

FILED
Apr 17, 2011
Secretary of State

Entity Name: NORTH FLORIDA ACUTE CARE SPECIALISTS, LLC

Current Principal Place of Business:

5991 CHESTER AVE.
STE 211
JACKSONVILLE, FL 322172245 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551698
JACKSONVILLE, FL 322551698 US

New Mailing Address:

FEI Number: 26-3061812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

RODRIGUEZ, ISMAEL
5991 CHESTER AVE.
STE 211
JACKSONVILLE, FL 322172245 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: ISMAEL RODRIGUEZ

04/17/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HAVRYLIUK, VLADIMIR
Address: 13714 BROMELY POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGRM
Name: RODRIGUEZ, ISMAEL
Address: 1392 EAGLE CROSSING DRIVE
City-St-Zip: JACKSONVILLE, FL 32065 US

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

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: ISMAEL RODRIGUEZ

MGRM

04/17/2011

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