

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083401

FILED
Aug 10, 2009
Secretary of State

Entity Name: HEALTH POINTE JACKSONVILLE, LLC

Current Principal Place of Business:

361 W SILVERTHORN LN
PONTE VEDRA, FL 32081 US

New Principal Place of Business:

3840 BELFORT ROAD #305
JACKSONVILLE, FL 32216 US

Current Mailing Address:

361 W SILVERTHORN LN
PONTE VEDRA, FL 32081 US

New Mailing Address:

3840 BELFORT ROAD #305
JACKSONVILLE, FL 32216 US

FEI Number: 26-3286220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLER, JULEE
361 W SILVERTHORN LN
PONTE VEDRA, FL 32081 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: MGRM () Delete
Name: MILLER, JULEE
Address: 361 W SILVERTHORN LN
City-St-Zip: PONTE VEDRA, FL 32081 US

Title: MGRM () Delete
Name: LUFFY, TAMARA L
Address: 361 W SILVERTHORN LN
City-St-Zip: PONTE VEDRA, FL 32081 US

ADDITIONS/CHANGES:

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: JULEE E. MILLER

MGRM

08/10/2009

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