

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 05, 2010
Secretary of State

Entity Name: HEALTH POINTE JACKSONVILLE, LLC

Current Principal Place of Business:

3840 BELFORT ROAD #305
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

3840 BELFORT ROAD #305
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 26-3286220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

Title: MGRM
Name: LUFFY, TAMARA L
Address: 361 W SILVERTHORN LN
City-St-Zip: PONTE VEDRA, FL 32081 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: JULEE E. MILLER

OWNE

01/05/2010

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