

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000083401

**FILED**  
**Jan 21, 2011**  
**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:**

MILLER, JULEE  
3840 BELFORT ROAD #305  
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:**

01/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MILLER, JULEE  
**Address:** 3840 BELFORT ROAD #305  
**City-St-Zip:** JACKSONVILLE, FL 32216 US

**Title:** MGRM  
**Name:** MILLER, JULEE  
**Address:** 3840 BELFORT ROAD #305  
**City-St-Zip:** JACKSONVILLE, FL 32216 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

MGRM

01/21/2011

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