

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100196

FILED
Mar 24, 2009
Secretary of State

Entity Name: ST. AUGUSTINE CARDIOVASCULAR AND MEDICAL PLAZA, LLC

Current Principal Place of Business:

3900 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3900 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 26-4026679 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BRANT, ABRAHAM, REITER, MCCORMICK & GREENE
50 N. LAURA STREET, SUITE 2750
JACKSONVILLE, FL 32202 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: MAJDI ASHCHI, D.O.,
Address: 3900 UNIVERSITY BOULEVARD SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

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: MAJDI ASHCHI, DO MGRM 03/24/2009

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