

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100196

**FILED**  
**Feb 16, 2010**  
**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  
Name: MAJDI ASHCHI, D.O.  
Address: 3900 UNIVERSITY BOULEVARD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32216

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: MAJDI ASHCHI

MGM

02/16/2010

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