

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100196

**FILED**  
**Jan 28, 2011**  
**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:**

MAJDI, ASHCHI  
3900 UNIVERSITY BLVD. SOUTH  
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: MAJDI ASHCHI

01/28/2011

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

P/D

01/28/2011

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