

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED  
Mar 01, 2012  
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:**

MAJDI, ASHCHI  
3900 UNIVERSITY BLVD. SOUTH  
JACKSONVILLE, FL 32216 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

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03/01/2012

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