2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2012
Secretary of State

DOCUMENT# L08000115530

Entity Name: NORTH FLORIDA MEDICAL SERVICES, LLC

Current Principal Place of Business:

11945 SAN JOSE BLVD
BLDG 300
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

11945 SAN JOSE BLVD
BLDG 300
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERLIN, JOHN P
11945 SAN JOSE BLVD.
BLDG 300
JACKSONVILLE, FL 32223 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: MGR
Name: BERLIN, JOHN P
Address: 11945 SAN JOSE BLVD BLDG 300
City-St-Zip: JACKSONVILLE, FL 32223

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 Statues.

SIGNATURE: JOHN P. BERLIN MGR 04/02/2012

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