

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000030659

FILED
Apr 19, 2011
Secretary of State

Entity Name: NORTH FLORIDA HOSPITAL PROPERTY ALLIANCE, LLC

Current Principal Place of Business:

501 RIVERSIDE AVENUE, STE 1000
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

501 RIVERSIDE AVENUE, STE 1000
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 26-4637477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIA
225 WATER STREET, STE 1800
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: MGR
Name: HARDEN & ASSOCIATES, INC.
Address: 501 RIVERSIDE AVENUE, SUITE 1000
City-St-Zip: JACKSONVILLE, FL 32202

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: HARDEN & ASSOCIATES, INC.

MGR

04/19/2011

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