2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

DOCUMENT# L09000030659

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:

WICKER, SMITH, O'HARA, MCCOY & FORD, P.A.
50 N. LAURA ST., SUITE 2700
JACKSONVILLE, FL 32202 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: RICHARD E. RAMSEY, ESQUIRE 04/26/2012
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 Statues.

SIGNATURE: HARDEN & ASSOCIATES, INC. MGR 04/26/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date