

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000066311

Entity Name: M*A*J*O*R MEDICAL, LLC

FILED
Apr 30, 2012
Secretary of State

Current Principal Place of Business:

1191 ROMAINE CIRCLE E
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

1191 ROMAINE CIRCLE E
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSIER, AUDREY D
1191 ROMAINE CIRCLE E
JACKSONVILLE, FL 32255 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: ROSIER, MICHEAL C
Address: 1191 ROMAINE CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGR
Name: ROSIER, AUDREY D
Address: 1191 ROMAINE CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32225 US

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: AUDREY PORTER-ROSIER

MGR

04/30/2012

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