

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000071049

FILED
Jan 04, 2012
Secretary of State

Entity Name: VASCULAR ACCESS CENTER OF JACKSONVILLE LLC

Current Principal Place of Business:

2929 ARCH STREET
SUITE 620
PHILADELPHIA, PA 19104

New Principal Place of Business:

6820 SOUTHPOINT PARKWAY
SUITE 1
JACKSONVILLE, FL 32216

Current Mailing Address:

2929 ARCH STREET
SUITE 620
PHILADELPHIA, PA 19104

New Mailing Address:

2929 ARCH STREET
SUITE 1705
PHILADELPHIA, PA 19104

FEI Number: 27-2978562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION
1200 S PINE ISLAND RD
#250
FORT LAUDERDALE, FL 33324 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: MCGUCKIN, JAMES F MD
Address: 2929 ARCH STREET SUITE 1705
City-St-Zip: PHILADELPHIA, PA 19104

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: JAMES F MCGUCKIN MD

MGR

01/04/2012

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