

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000074572

Entity Name: JMC HEALTH GROUP LLC

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1857 FLOYD ST  
SUITE 450  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

1857 FLOYD ST  
SUITE 450  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 27-2994199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATTI, C. STEPHEN MD  
5741 BEE RIDGE ROAD  
SUITE 450  
SARASOTA, FL 34233 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: MGRM  
Name: PATTI, C. STEPHEN MD  
Address: 5741 BEE RIDGE RD SUITE 450  
City-St-Zip: SARASOTA, FL 34233

Title: MGR  
Name: PATTI, DANIELLE M MD  
Address: 1857 FLOYD ST, SUITE 100  
City-St-Zip: SARASOTA, FL 34239

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: DANIELLE PATTI

PRES

04/13/2012

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