

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000052225

FILED
Mar 20, 2012
Secretary of State

Entity Name: CONCIERGE INTERNAL MEDICINE OF JACKSONVILLE, P.L.

Current Principal Place of Business:

4745 SUTTON PARK CT
STE 711
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

4745 SUTTON PARK CT
STE 711
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HERNANDEZ, ARTHUR ESQ
2223 OAK ST
JACKSONVILLE, FL 32204 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: MADAFFARI, CATHERINE C MD
Address: 4745 SUTTON PARK CT - STE 711
City-St-Zip: JACKSONVILLE, FL 32224 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: CATHERINE MADAFFARI MD 03/20/2012

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