2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2010
Secretary of State

DOCUMENT# L99000001572

Entity Name: ATLANTIC FAMILY MEDICAL CENTER OF JACKSONVILLE, P.L.

Current Principal Place of Business:

13155 ATLANTIC BLVD.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

13155 ATLANTIC BLVD.
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3567698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAM I. SCHWARTZ, D.O.
13155 ATLANTIC BLVD.
JACKSONVILLE, FL 32225 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: SCHWARTZ, IRVING H
Address: 11714 BRIARWOOD CIR., #4
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGRM
Name: SCHWARTZ, EVELYN
Address: 11714 BRIARWOOD CIR., #4
City-St-Zip: BOYNTON BEACH, FL 33437

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: IRVING H. SCHWARTZ MGRM 05/10/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date