

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004322

Entity Name: MOB 19 OF FLORIDA, LLC

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

3100 WEST END AVE. STE 800
NASHVILLE, TN 37203

New Principal Place of Business:

Current Mailing Address:

3100 WEST END AVE. STE 800
NASHVILLE, TN 37203

New Mailing Address:

FEI Number: 26-0077440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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 () Delete
Name: MEDICAL OFFICE BUILD, INGS OF FLORIDA A , LLC
Address: 3100 WEST END AVE. STE 800
City-St-Zip: NASHVILLE, TN 37203

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: ANGELA M PLAYLE

VP

01/10/2006

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