2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 28, 2010
Secretary of State

Entity Name: JACKSONVILLE MEDICAL PLAZA 19, LLC

Current Principal Place of Business:

1551 N. TUSTIN AVE., SUITE 200
SANTA ANA, CA 92705

New Principal Place of Business:

Current Mailing Address:

1551 N. TUSTIN AVE., SUITE 200
SANTA ANA, CA 92705

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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: ABRAHAMSON, TIMOTHY J
Address: 1551 N. TUSTIN AVE., SUITE 200
City-St-Zip: SANTA ANA, CA 92705

Title: MGRM
Name: ABRAHAMSON, JUDITH M
Address: 1551 N. TUSTIN AVE., SUITE 200
City-St-Zip: SANTA ANA, CA 92705

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: TIMOTHY ABRAHAMSON MGRM 04/28/2010

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