

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M08000001179

FILED
Nov 02, 2009
Secretary of State

Entity Name: JACKSONVILLE MEDICAL PLAZA 24, 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 ()**
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:

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

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: JOSE CASTELLANOS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: PACKI, JOSEPH
Address: 1551 N. TUSTIN AVE., SUITE 200
City-St-Zip: SANTA ANA, CA 92705

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

Title: MGRM () Delete
Name: PACKI, UTE M
Address: 1551 N. TUSTIN AVE., SUITE 200
City-St-Zip: SANTA ANA, CA 92705

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

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH PACKI

MGRM

11/02/2009

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