

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016198

Entity Name: JOHN YOUNG FAMILY MEDICAL CENTER, LLC

Current Principal Place of Business:

5308 SOUTH JOHN YOUNG PARKWAY
SUITE 200
ORLANDO, FL 32839

Current Mailing Address:

5308 SOUTH JOHN YOUNG PARKWAY
SUITE#200
ORLANDO, FL 32839

FEI Number: 01-0670885

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALI, RAZA
5308 SOUTH JOHN YOUNG PARKWAY STE200
SUITE 200
ORLANDO, FL 32839 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	D	Title	MGRM
Name	ALI, RAZA	Name	KHAN, JASEEM
Address	5308 SOUTH JOHN YOUNG PARKWAY, STE 200	Address	5308 SOUTH JOHN YOUNG PARKWAY STE 200
City-State-Zip:	ORLANDO FL 32839	City-State-Zip:	ORLANDO FL 32839

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAZA ALI

REGISTERED AGENT

01/16/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date