2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2014
Secretary of State
CC7374227123

DOCUMENT# L05000034155

Entity Name: FLEMING ISLAND MEDICAL PLAZA II, LLC

Current Principal Place of Business:

1689 EAGLE HARBOR PARKWAY
A
ORANGE PARK, FL 32003

Current Mailing Address:

1689 EAGLE HARBOR PARKWAY
A
ORANGE PARK, FL 32003

FEI Number: 76-0789301

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRANT,ABRAHAM,REITER,MCCORMICK & JOHNSON
50 NORTH LAURA STREET STE 2750
JACKSONVILLE, FL 32202 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: JAN D. MCCORMICK 03/31/2014

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	PD
Name	GATIEN, LIONEL J DR.
Address	1689 EAGLE HARBOR PKY EAST STE A
City-State-Zip:	ORANGE PARK FL 32003

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: LIONEL J. GATIEN DO PD 03/31/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date