2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2014
Secretary of State
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Entity Name: FLORIDA MEDICAL CONSULTING, LLC

Current Principal Place of Business:

23 JACKSON AVE. N.
JACKSONVILLE, FL 32220

Current Mailing Address:

23 JACKSON AVE. N.
JACKSONVILLE, FL 32220

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EVANS, FAYE T
23 JACKSON AVE. N.
JACKSONVILLE, FL 32220 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	MGR
Name	EVANS, FAYE T
Address	23 JACKSON AVE. N.
City-State-Zip:	JACKSONVILLE FL 32220

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: FAYE T EVANS OWNER 01/09/2014

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