2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: JACKSONVILLE MULTISPECIALTY GROUP, LLC

Current Principal Place of Business:

3627 UNIVERSITY BOULEVARD, SOUTH, SUITE 615
JACKSONVILLE, FL 32216

Current Mailing Address:

P.O. BOX 17577
JACKSONVILLE, FL 32245-7577

FEI Number: 20-4812029

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REZLEGAL, LLC
816 A1A NORTH
SUITE 204
PONTE VEDRA BEACH , FL 32082 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: RICK M. REZNICSEK 04/04/2017

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	CHANG, HERNAN R
Address	P. O. BOX 17577
City-State-Zip:	JACKSONVILLE FL 32245

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: HERNAN R. CHANG MANAGER 04/04/2017

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