

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046457

Entity Name: AMD OF JACKSONVILLE, LLC

Current Principal Place of Business:

3600 DARNALL PLACE
JACKSONVILLE, FL 32217

Current Mailing Address:

3600 DARNALL PLACE
JACKSONVILLE, FL 32217

FEI Number: 26-2775495

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSTON, CHARLES M
2223 OAK STREET
JACKSONVILLE, FL 32204 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 MGRM
Name INSETTA, VICTOR
Address 3600 DARNALL PLACE
City-State-Zip: JACKSONVILLE FL 32217

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: VICTOR INSETTA

MGRM

04/22/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date