

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000100196

**Entity Name:** ST. AUGUSTINE CARDIOVASCULAR AND MEDICAL PLAZA, LLC

**FILED**  
**Feb 13, 2013**  
**Secretary of State**  
**CC6280462744**

**Current Principal Place of Business:**

7803 HOLLYRIDGE ROAD  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

P.O.BOX 24625  
JACKSONVILLE, FL 32241 US

**FEI Number: 26-4026679**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MAJDI, ASHCHI  
P.O.BOX 24625  
JACKSONVILLE, FL 32241 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 MAJDI ASHCHI, D.O.  
Address P.O.BOX 24625  
City-State-Zip: JACKSONVILLE FL 32241

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: MAJDI ASHCHI

PRESIDENT

02/13/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date