

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100196

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

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
7803 HOLLYRIDGE ROAD
JACKSONVILLE, FL 32256 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: MAJDI ASHCHI

03/24/2014

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

SIGNATURE: MAJDI ASHCHI

PRESIDENT

03/24/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date