

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000100196

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

**FILED**  
**Jan 04, 2019**  
**Secretary of State**  
**CC2874970471**

**Current Principal Place of Business:**

7803 HOLLYRIDGE ROAD  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

P.O.BOX 24508  
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

01/04/2019

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**

01/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date