2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2013
Secretary of State
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Entity Name: PATRICK BUNYI MD LLC

Current Principal Place of Business:

819 TOWNSEND BLVD.
SUITE 4
JACKSONVILLE, FL 32211

Current Mailing Address:

819 TOWNSEND BLVD.
SUITE 4
JACKSONVILLE, FL 32211

FEI Number: 26-4223640

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRACE, BUNYI RMANAGER
819 TOWNSEND BLVD.
SUITE 4
JACKSONVILLE, FL 32211 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	PRES
Name	BUNYI, PATRICK PPRES
Address	1998 RIVER BLUFF ROAD NORTH
City-State-Zip:	JACKSONVILLE FL 32211

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: PATRICK BUNYI MD PRESIDENT 04/09/2013

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