

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000089495

Entity Name: ATHENS MEDICAL COMPLEX, LLC

Current Principal Place of Business:

1044 N US HIGHWAY ONE
SUITE 201
JUPITER, FL 33477

Current Mailing Address:

1044 N US HIGHWAY ONE
SUITE 201
JUPITER, FL 33477 US

FEI Number: 27-4186912

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 S FLAGLER DR
STE 1100
W PALM BEACH, FL 33401 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 CASH, DAVID F
Address 1044 N US HIGHWAY ONE
SUITE 201
City-State-Zip: JUPITER FL 33477

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: DAVID F CASH

MANAGER

01/15/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date