

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000089495

Entity Name: ATHENS MEDICAL COMPLEX, LLC

Current Principal Place of Business:

319 CLEMATIS STREET, STE. 1008
WEST PALM BEACH, FL 33401

Current Mailing Address:

PO BOX 3228
WEST PALM BEACH, FL 33402

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 319 CLEMATIS ST
1008
City-State-Zip: WEST PALM BEACH FL 33402

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: DAVID F CASH _____

MANAGER

04/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date