2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2013
Secretary of State
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Entity Name: MEDICAL PARTNERS OF JACKSONVILLE LLC

Current Principal Place of Business:

1564 KINGSLEY AVE.
ORANGE PARK, FL 32073-4511

Current Mailing Address:

PO BOX 600290
JACKSONVILLE, FL 32260

FEI Number: 45-3336767

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ERIKSEN, ANDREW B
4600 TOUCHTON RD.
BUILDING 100 SUITE 150
JACKSONVILLE, FL 32246 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	SHAH, HEMANT
Address	1564 KINGSLEY AVE
City-State-Zip:	ORANGE PARK FL 32073-4511

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: HEMANT SHAH MGRM 04/03/2013

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