2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2014
Secretary of State
CC1468381621

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Entity Name: ANCHOR MEDICAL MANAGEMENT ASSOCIATES, LLC

Current Principal Place of Business:

746 RAINFALL DRIVE
WINTER GARDEN, FL 34787

Current Mailing Address:

746 RAINFALL DRIVE
WINTER GARDEN, FL 34787 US

FEI Number: 45-3579826

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHASE, JILL T
746 RAINFALL DRIVE
WINTER GARDEN, FL 34787 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	MGR	Title	MGR
Name	CHASE, JILL T	Name	EVANS, BENJAMIN J
Address	746 RAINFALL DRIVE	Address	2703 DAY AVE., UNIT 2
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	MIAMI FL 33133

Title	MGR
Name	EVANS, C. A
Address	17556 DEER ISLE CIRCLE
City-State-Zip:	WINTER GARDEN FL 34787

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: C. A. EVANS PRESIDENT & CEO 02/27/2014

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