**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 25, 2016**
**Secretary of State**
**CC4683763266**

DOCUMENT# L13000013273

**Entity Name:** JACKSONVILLE CENTER FOR SEXUAL HEALTH, LLC

**Current Principal Place of Business:**

12443 SAN JOSE BLVD.
SUITE 202
JACKSONVILLE, FL 32223

**Current Mailing Address:**

12443 SAN JOSE BLVD.
SUITE 202
JACKSONVILLE, FL 32223 US

**FEI Number: 46-1813405**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POMEROY, NOELLE
12443 SAN JOSE BLVD.
SUITE 202
JACKSONVILLE, FL 32223 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: NOELLE POMEROY 01/25/2016

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGRM |
| Name | POMEROY, NOELLE |
| Address | 12443 SAN JOSE BLVD.<br>SUITE 202 |
| City-State-Zip: | JACKSONVILLE FL 32223 |

*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: NOELLE POMEROY OWNER 01/25/2016

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