2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2018
Secretary of State
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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 01/22/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	POMEROY, NOELLE
Address	12443 SAN JOSE BLVD. 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 01/22/2018

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