2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2015
Secretary of State
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Entity Name: JACKSONVILLE HEALTH SERVICES, LLC

Current Principal Place of Business:

2333 HANSEN LANE SUITE 5
TALLAHASSEE, FL 32301

Current Mailing Address:

2333 HANSEN LANE SUITE 5
TALLAHASSEE, FL 32301 US

FEI Number: 46-2405572

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MAXWELL, DONNA
2333 HANSEN LANE SUITE 4
TALLAHASSEE, FL 32301 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
Name	MAXWELL, DONNA
Address	2333 HANSEN LANE SUITE 4
City-State-Zip:	TALLAHASSEE FL 32301

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: DONNA MAXWELL MANAGER 03/06/2015

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