

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000076608

**Entity Name:** WARD MEDICAL GROUP LLC

**Current Principal Place of Business:**

10128 DEERCREEK CLUB ROAD E.  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10128 DEERCREEK CLUB ROAD E.  
JACKSONVILLE, FL 32256 US

**FEI Number:** 46-2910288

**Certificate of Status Desired:** No

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

WARD, MATTHEW M  
10128 DEERCREEK CLUB ROAD E.  
JACKSONVILLE, FL 32256 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 WARD, JILL A DR.  
Address 10128 DEERCREEK CLUB ROAD E.  
City-State-Zip: JACKSONVILLE FL 32256

*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:** JILL WARD

MD

03/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date