

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000168092

Entity Name: JUNNUT MEDICAL OFFICE, LLC

Current Principal Place of Business:

4661 WEST SENECA DRIVE
JACKSONVILLE, FL 32259

Current Mailing Address:

4661 WEST SENECA DRIVE
JACKSONVILLE, FL 32259

FEI Number: 46-4236225

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOUMAN, ASIM
4661 WEST SENECA DRIVE
JACKSONVILLE, FL 32259 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 NOUMAN, ASIM
Address 4661 WEST SENECA DRIVE
City-State-Zip: JACKSONVILLE FL 32259

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: ASIM NOUMAN

MEMBER

04/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date