

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001512

**Entity Name:** JACKSONVILLE MEDICAL PLAZA 22, LLC

**Current Principal Place of Business:**

750 B. STREET  
SUITE 1220  
SAN DIEGO, CA 92101

**Current Mailing Address:**

750 B. STREET  
SUITE 1220  
SAN DIEGO, CA 92101 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGING MEMBER  
Name           SHEATS, MICHAEL C  
Address        750 B. STREET  
                  SUITE 1220  
City-State-Zip: SAN DIEGO CA 92101

Title           MANAGING MEMBER  
Name           THE SHEATS-BELL FAMILY TRUST  
                  DTD 4/12/00  
Address        750 B. STREET  
                  SUITE 1220  
City-State-Zip: SAN DIEGO CA 92101

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL C SHEATS**

**TRUSTEE**

**04/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date