2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# L04000017921

Entity Name: RINCON MEDICAL CENTER, LLC

Current Principal Place of Business:

12601 WORLD PLAZA LANE
SUITE # 1
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12601 WORLD PLAZA LANE
SUITE # 1
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RINCON, WILLIAM G
13622 PINE VILLA LANE
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: RINCON, WILLIAM G
Address: 13622 PINE VILLA LANE
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM ( ) Delete
Name: RINCON, MARGARITA R
Address: 13672 PINE VILLA LANE
City-St-Zip: FORT MYERS, FL 33912 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: WILLIAM G. RINCON MGRM 04/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date