

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017921

FILED
Apr 14, 2009
Secretary of State

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: 20-0822804 FEI Number Applied For () FEI Number Not Applicable () 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/MANAGERS:

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: 13622 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 exemption stated in Chapter 119, 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, DO

DR.

04/14/2009

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