

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017921

FILED
Feb 16, 2010
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 (X)

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

Title: MGRM
Name: RINCON, MARGARITA R
Address: 13622 PINE VILLA LANE
City-St-Zip: FORT MYERS, FL 33912 US

I hereby 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. 02/16/2010

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