

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008603

**FILED  
Feb 04, 2010  
Secretary of State**

**Entity Name:** LAKEWOOD RANCH NEUROLOGY, L.L.C.

**Current Principal Place of Business:**

8330 LAKEWOOD RANCH BLVD.  
BRADENTON, FL 34202 US

**New Principal Place of Business:**

**Current Mailing Address:**

UHS OF DELAWARE, INC.  
367 S. GULPH ROAD  
KING OF PRUSSIA, PA 19406 US

**New Mailing Address:**

**FEI Number:** 26-1850133      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MANATEE MEMORIAL HOSPITAL, L.P.  
**Address:** 367 S. GULPH ROAD  
**City-St-Zip:** KING OF PRUSSIA, PA 19406 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: MANATEE MEMORIAL HOSPITAL, L.P.      MGRM      02/04/2010

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