2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094041

FILED Apr 30, 2009 Secretary of State

Entity Name: EXCELLENT COMMUNITY MEDICAL CENTER LLC

Current Principal Place of Business: New Principal Place of Business:

4292 PALM AVE HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

4292 PALM AVE HIALEAH, FL 33012

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

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

FERNANDEZ, OLGA 4292 PALM AVE 4292 PALM AVE HIALEAH, FL 33012 US FERNANDEZ, OLGA M MD 4292 PALM AVE HIALEAH, FL 33012 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: OLGA M FERNANDEZ MD 04/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 FERNANDEZ, OLGA M
 Name:

 Address:
 2150 SANS SOUCI BLVD #906
 Address:

 City-St-Zip:
 MIAMI, FL 33181
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 YANAY, TORRÉS
 Name:

 Address:
 12759 NW 103 AVE
 Address:

 City-St-Zip:
 HIALEAH, FL 33018
 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: OLGA M FERNANDEZ MD MGR 04/30/2009