

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000064036

Entity Name: OSCEOLA MEDICLINIC, LLC

FILED  
Mar 26, 2012  
Secretary of State

**Current Principal Place of Business:**

2497 TRAFALGAR BOULEVARD  
KISSIMMEE, FL 34758

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 691089  
ORLANDO, FL 32869

**New Mailing Address:**

FEI Number: 27-3020553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THURDEKOOS, CARLOS  
2501 TRAFALGAR BLVD  
KISSIMMEE, FL 34758 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: THURDEKOOS, CARLOS  
Address: 2501 TRAFALGAR BLVD  
City-St-Zip: KISSIMMEE, FL 34758

Title: MGRM  
Name: THURDEKOOS, MARIA  
Address: 2501 TRAFALGAR BLVD  
City-St-Zip: KISSIMMEE, FL 34758

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: CARLOS THURDEKOOS

MGRM

03/26/2012

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