

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000079144

FILED
May 06, 2012
Secretary of State

Entity Name: HOLY TRINITY COMMUNITY MEDICAL CENTER LLC

Current Principal Place of Business:

4001 CONFEDERATE POINT RD
JACKSONVILLE, FL 32210

New Principal Place of Business:

4001 CONFEDERATE POINT RD
SUITE #2
JACKSONVILLE, FL 32210

Current Mailing Address:

4001 CONFEDERATE POINT RD
JACKSONVILLE, FL 32210

New Mailing Address:

4001 CONFEDERATE POINT RD
SUITE #2
JACKSONVILLE, FL 32210

FEI Number: 45-2730301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMOS, MARCOS L
4001 CONFEDERATE POINT RD
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

RAMOS, MARCOS L
4001 CONFEDERATE POINT RD
SUITE #2
JACKSONVILLE, FL 32210 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: _____

Electronic Signature of Registered Agent

05/06/2012

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: RAMOS, MARCOS L
Address: 4001 CONFEDERATE POINT RD STE #2
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM
Name: ACEVEDO, SHARON L
Address: 4001 CONFEDERATE POINT RD STE # 2
City-St-Zip: JACKSONVILLE, FL 32210

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: MARCOS L RAMOS

MGRM

05/06/2012

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