2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000008171

1. Entity Name
OAKTREE MEDICAL CENTER, L.C.

Principal Place of Business	Mailing Address
4620 NORTH HABANA AVE., STE. 203 TAMPA, FL 33614	P.O. BOX 152495 TAMPA, FL 33684

DO NOT WRITE IN THIS SPACE

04172004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3610305
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

YANGCO, JADWIGA K
4620 NORTH HABANA AVE., STE. 203
TAMPA, FL 33614

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	YANGCO, BIENVENIDO G
STREET ADDRESS	4620 NORTH HABANA AVE., STE. 203
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	MGR
NAME	YANGCO, JADWIGA K
STREET ADDRESS	4620 NORTH HABANA AVE., STE. 203
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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04/21/04-80039-009 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ Jadwiga Yangco 4/17/04 8138257024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #