

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000008171 <small>1. Entity Name</small> OAKTREE MEDICAL CENTER, L.C.					
<small>Principal Place of Business</small> 4620 NORTH HABANA AVE., STE. 203 TAMPA FL 33614		<small>Mailing Address</small> P.O. BOX 152495 TAMPA FL 33684			
<small>2. Principal Place of Business</small> Suite, Apt. #, etc.		<small>3. Mailing Address</small> Suite, Apt. #, etc.			
<small>City & State</small>		<small>City & State</small>		<small>4. FEI Number</small> 59-3610305	
<small>Zip</small>		<small>Country</small>		<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$5.00 Additional Fee Required	
<small>6. Name and Address of Current Registered Agent</small> YANGCO, JADWIGA K 4620 NORTH HABANA AVE., STE. 203 TAMPA FL 33614				<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City	
<small>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.</small>					
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> DATE _____					



1st MOORE CR2E083 (10/05)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

8. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME	YANGCO, BIENVENIDO G	NAME					
STREET ADDRESS	4620 NORTH HABANA AVE., STE. 203	STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33614	CITY-ST-ZIP					
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME	YANGCO, JADWIGA K	NAME					
STREET ADDRESS	4620 NORTH HABANA AVE., STE. 203	STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33614	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					

U00000451693
 03/10/06-80063-016 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE: **Jadwiga K. Yangco** 3/1/06

815 87510