

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008171

FILED
Apr 15, 2009
Secretary of State

Entity Name: OAKTREE MEDICAL CENTER, L.C.

Current Principal Place of Business:

4620 NORTH HABANA AVE., STE. 203
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 152495
TAMPA, FL 33684

New Mailing Address:

FEI Number: 59-3610305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YANGCO, JADWIGA K
4620 NORTH HABANA AVE., STE. 203
TAMPA, FL 33614 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: MGR () Delete
Name: YANGCO, BIENVENIDO G
Address: 4620 NORTH HABANA AVE., STE. 203
City-St-Zip: TAMPA, FL 33614

Title: MGR () Delete
Name: YANGCO, JADWIGA K
Address: 4620 NORTH HABANA AVE., STE. 203
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JADWIGA K. YANGCO

MGR

04/15/2009

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