

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000064036

Entity Name: OSCEOLA MEDICLINIC, LLC

Current Principal Place of Business:

2497 TRAFALGAR BOULEVARD
KISSIMMEE, FL 34758

Current Mailing Address:

P O BOX 691089
ORLANDO, FL 32869

FEI Number: 27-3020553

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THURDEKOOS, CARLOS
2501 TRAFALGAR BLVD
KISSIMMEE, FL 34758 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

Date

Authorized Person(s) Detail :

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

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

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THURDEKOOS CARLOS

MGRM

02/22/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date