

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000073024

Entity Name: POINCIANA MEDICAL CENTER DEVELOPMENT, LLC.

Current Principal Place of Business:

3922 PREMIER NORTH DRIVE
TAMPA, FL 33618

Current Mailing Address:

3922 PREMIER NORTH DRIVE
TAMPA, FL 33618

FEI Number: 45-5415611

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAYMOND, J. PAUL
625 COURT STREET
SUITE 200
CLEARWATEAR, FL 33756 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 MGR
Name PATEL, DHVANIT A
Address 3922 PREMIER NORTH DRIVE
City-State-Zip: TAMPA FL 33618

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: DHVANIT A. PATEL

MANAGER

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date