

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000073024

**Entity Name:** POINCIANA MEDICAL CENTER DEVELOPMENT, LLC.

**Current Principal Place of Business:**

5600 MARINER STREET  
SUITE 140  
TAMPA, FL 33609

**Current Mailing Address:**

5600 MARINER STREET  
SUITE 140  
TAMPA, FL 33609 US

**FEI Number:** 45-5415611

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAYMOND, J. PAUL  
625 COURT STREET  
SUITE 200  
CLEARWATER, 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	Title	MGR
Name	PATEL, DHVANIT A	Name	GERENGER, MARK R
Address	5600 MARINER STREET SUITE 140	Address	5600 MARINER STREET SUITE 140
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DHVANIT A. PATEL

**MANAGER**

**04/17/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date