

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000471858

Entity Name: MAGDALENE MEDICAL CENTER, LLC

Current Principal Place of Business:

16201 SONSOLES DE AVILA
TAMPA, FL 33613-1052

Current Mailing Address:

16201 SONSOLES DE AVILA
TAMPA, FL 33613-1052

FEI Number: 35-2733254

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES, LLC
1801 N. HIGHLAND AVENUE
TAMPA, FL 33602 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 HANY RIFAI
Address 16201 SONSOLES DE AVILA
City-State-Zip: TAMPA FL 33613-1052

Title MGR
Name GILIANE BOUCHAIN-RIFAI
Address 16201 SONSOLES DE AVILA
City-State-Zip: TAMPA FL 33613-1052

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: HANY RIFAI

MANAGER

04/22/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date