

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001202

FILED
Apr 24, 2009
Secretary of State

Entity Name: MONTEREY MEDICAL CENTER, L.C.

Current Principal Place of Business:

1050 SE MONTEREY ROAD
SUITE 400
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1050 SE MONTEREY ROAD
SUITE 400
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0995166 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RIFKIN, AVRON C
800 SE MONTEREY COMMONS BLVD
STUART, FL 34996 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: MGRM () Delete
Name: PSL HOLDINGS, LTD
Address: 1050 SE MONTEREY ROAD, SUITE 400
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

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: WILLIAM E. CARLSON, M.D.

MGR

04/24/2009

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