2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# L00000005845

Entity Name: SAI MEDICAL CENTER, LLC

Current Principal Place of Business:

3831-16TH STREET NORTH
ST. PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

3831-16TH STREET NORTH
ST. PETERSBURG, FL 33703

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IYUNNI, RAMANUJACHARY
3831-16TH STREET NORTH
ST. PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

NIRMALAN, NADARAJAH MD
3831-16TH STREET NORTH
ST. PETERSBURG, FL 33703 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: NADARAJAH NIRMALAN MD 06/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: IYUNNI, RAMANUJACHARY
Address: 3831-16TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33703

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NIRMALAN, NADARAJAH MD
Address: 3831-16TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33703

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: NADARAJAH NIRMALAN MD MGR 06/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date