

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005948

FILED
Apr 27, 2005
Secretary of State

Entity Name: PORT ORANGE MEDICAL CENTER, L.C.

Current Principal Place of Business:

790 DUNLAWTON AVENUE
SUITE A
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

790 DUNLAWTON AVENUE
SUITE A
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-3652224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPERTUS, ALAN P MD
790 DUNLAWTON AVENUE, STE A
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

SPERTUS, ALAN D MD
790 DUNLAWTON AVENUE
STE A
PORT ORANGE, FL 32127 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: ALAN D. SPERTUS, M.D.

04/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: SPERTUS, ALAN D MD
Address: 790 DUNLAWTON AVENUE, STE A
City-St-Zip: PORT ORANGE, FL 32127

Title: V () Delete
Name: PARR, GREG
Address: 790 DUNLAWTON AVENUE, STE H
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: BILLMEIER, DAVE MD
Address: 790 DUNLAWTON AVENUE, STE E
City-St-Zip: PORT ORANGE, FL 32127

Title: T () Delete
Name: RUST, JAY
Address: 790 DUNLAWTON AVENUE, STE C
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SPERTUS, ALAN D MD
Address: 790 DUNLAWTON AVENUE, STE A
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM (X) Change () Addition
Name: PARR, GREG MD
Address: 790 DUNLAWTON AVENUE, STE H
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM (X) Change () Addition
Name: BILLMEIER, DAVE MD
Address: 790 DUNLAWTON AVENUE, STE E
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM (X) Change () Addition
Name: RUST, JAY DPM
Address: 790 DUNLAWTON AVENUE, STE C
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALAN D. SPERTUS, M.D.

MGR

04/27/2005

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