2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L00000008821

Entity Name: TAMPA HOSPITAL, L.L.C.

Current Principal Place of Business:

4001 NORTH RIVERSIDE DRIVE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 8147
CHARLOTTESVILLE, VA 22906

New Mailing Address:

FEI Number: 22-4589518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROLAND, DOUGLAS C
500 EAST KENNEDY BOULEVARD, SUITE 200
TAMPA, FL 33602 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: M ( ) Delete
Name: HURT, CHARLES W
Address: 195 RIVERBEND DRIVE
City-St-Zip: CHARLOTTESVILLE, VA 22911

ADDITIONS/CHANGES:

Title: MR (X) Change ( ) Addition
Name: HURT, CHARLES W
Address: 195 RIVERBEND DRIVE
City-St-Zip: CHARLOTTESVILLE, VA 22911

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: CHARLES W. HURT MAN 04/09/2009

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