2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# L00000012661

Entity Name: UNITED MEDICAL CENTER, LLC

Current Principal Place of Business:

5818 S.R. 54
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5818 S.R. 54
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3676738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUPTAN, SUDHIR C
5818 SR 54
NEW PORT RICHEY, FL 34654 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/MEMBERS:

Title: P ( ) Delete
Name: KUMAR, ASHOK
Address: 5818 S.R. 54
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete
Name: GUPTAN, SUDHIR C
Address: 5818 SR 54
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KUMAR, ASHOK
Address: 5818 S.R. 54
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGR (X) Change ( ) Addition
Name: GUPTAN, SUDHIR C
Address: 5818 SR 54
City-St-Zip: NEW PORT RICHEY, FL 34652

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: SUDHIR GUPTAN MGR 04/20/2004

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