2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012661

Entity Name: UNITED MEDICAL CENTER, LLC

FILED Dec 03, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5818 S.R. 54

NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

5818 S.R. 54

NEW PORT RICHEY, FL 34652

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

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GUPTAN, SUDHIR C VASUDEVAN, UNNIKRISHNAN C

5818 SR 54 5818 SR 54

NEW PORT RICHEY, FL 34654 US NEW PORT RICHEY, FL 34654 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: UNNIKRISHNAN 12/03/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGRM (X) Change () Addition

 Name:
 KUMAR, ASHOK
 Name:
 KUMAR, ASHOK

 Address:
 5818 S.R. 54
 Address:
 5818 S.R. 54

City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 GUPTAN, SUDHIR C
 Name:

 Address:
 5818 SR 54
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34652
 City-St-Zip:

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: ASHOK KUMAR MGRM 12/03/2004