DOCUMENT# 1 000	00013372] .				
1. Entity Name		-4			FILED			
PELICAN MEDICAL CENTER, L.L.C).		, *					
Drive in al Diagram of Driving				01 .	JUN 25 AN 8:4	7		
Principal Place of Business Mailing Address 508 JEFFORDS ST., STE. D 508 JEFFORDS ST., STE.		TC N		SECR	ETARY OF STATE			
CLEARWATER FL 33771 CLEARWATER FL 33771			,		HASSEE, FLORIDA	ı		
2. Principal Place of Business 3. Mailing Address		715 Q	5 Path					
Suite_Apt_#, etc_ Path Suite, Apt. #, etc.		03 / 0	3/4/		DO NOT WRITE IN THIS SPACE			
City & State			4. FEI Number		umber		I I Ar	oplied For
Ciry & State Crearwatus FL	Charwa	tnr	U,	5	9-3679	747	No	t Applicable
393756 Pin 1/as	33756	Country	e/las	5. Certif	icate of Status Desired		5.00 Add ee Require	
6. Name and Address of Curren	t Registered Agent		Name	7. Name	and Address of New Re	gistered A	gent	
FOX, GREGORY A				O Box N	umber is Not Acceptable)			
28050 U.S. 19 NORTH, STE. 100			Olloot radioss (1	.0. 00011	ariber is Not Acceptable)			
CLEARWATER FL	•		City .				Zip Cod	
6 The charge grand active site in this state of						FL	Zip Cod	
8. The above named entity submits this statement	or the purpose of changing i	its registered	office or registere	ed agent, o	or both, in the State of Flori	da.		
SIGNATURE Signature, typed or printed name of registered agen	nt and title if applicable. (NO	OTE: Registered A	gent signature required	when reinstatin	g)	DATE		
2	FILE	NOW!!! FE	E IS \$50.00					
			Department of	State			-	
B. MANAGING MEMI	BERS/MEMBERS	10.			ADDITIONS/0	HANGES		— 3 -
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED DEDDESERVE

STREET ADDRESS

CITY-ST-ZIP

Doubling Phone 8